Company Tracking Number: VAA-0101AO.9

TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number: /

#### Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Application Redesign and Order SERFF Tr Num: NWFA-127289152 State: Arkansas

Entry Filing 2011

Filing Type: Form

TOI: A03I Individual Annuities - Deferred SERFF Status: Closed-Approved- State Tr Num: 49211

Variable Closed

Sub-TOI: A03I.002 Flexible Premium Co Tr Num: VAA-0101AO.9 State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Angela D. Cox, Grace Holland, Leonja Merritt, Clara Pollard, Darcy L. Spangler, Natalie

Walden

Date Submitted: 07/01/2011 Disposition Status: Approved-

Closed

Implementation Date Requested: 09/01/2011 Implementation Date:

State Filing Description:

#### **General Information**

Project Name: Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Concurrently being

filed in Nationwide's state of domicile, Ohio.

Disposition Date: 07/07/2011

Explanation for Combination/Other:

Submission Type: New Submission

Market Type: Individual Market Type:

Overall Rate Impact: Filing Status Changed: 07/07/2011
State Status Changed: 07/07/2011

Deemer Date: Created By: Clara Pollard

Submitted By: Darcy L. Spangler Corresponding Filing Tracking Number:

Filing Description:

RE: Nationwide Life Insurance Company

NAIC # 66869 FEIN # 31-4156830 NAIC Group # 140

Individual Flexible Purchase Payment Variable Deferred Annuity Application Filing

Company Tracking Number: VAA-0101AO.9

TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number:

Nationwide Destination Suite Applications

Application VAA-0101AO.9 Application VAA-0106AO.2 Application VAA-0118AO.3 Application VAA-0121AO.1 Application VAA-0122AO.1 Application VAA-0100AO.6

Order Entry Applications

Application VAA-0125AO.1 Application VAA-0136AO

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced forms for approval by the Department of Insurance (the "Department"). Upon approval by the Department Nationwide will begin utilizing the forms September 1, 2011.

These are standard applications and contain no unusual or innovative content.

#### TARGET MARKET

Information about the target market for each product with which the applications will be issued with, was provided to the Department at the time the product was submitted for approval.

Description of the Replacement Applications

Nationwide has redesigned the above applications to make them more consumer friendly. This includes language simplification, explanatory expansion, and the integration of more elections onto the application rather than using extensive administrative forms. Nationwide's intent with the redesign of its applications is to create a consumer friendly form, while striving to retain appropriate and complete disclosure. No changes have been made to contractual provisions or option availability previously approved by the Department.

The applications are to be used with individual flexible purchase payment deferred variable annuity contracts that are distributed through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The base contracts are written for non-qualified issuance only, but may also be sold as (with appropriate tax endorsement) an IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401(a) (investment only), non-ERISA 403(b) tax sheltered annuity, Optional Retirement Plans (ORPs), 401(k), or Charitable Remainder Trust (CRT).

Company Tracking Number: VAA-0101AO.9

TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number:

#### Replacement of Previously Approved Applications

Upon approval, the above referenced applications will be issued with the following previously approved contracts:

Contract Number Approved by the Department Department File No. / SERFF Tracking No.

VAC-0102AO approval date 9/24/2004, Department tracking number 27480.

VAC-0108AO approval date 11/23/2004, Department tracking number 27961.

VAC-0116AOCV approval date 10/22/2008, Department tracking number 40553.

VAC-0118AOCV approval date 6/30/2010, Department tracking number 46027.

VAC-0117AOCV approval date 9/09/2009, Department tracking number 43417.

VAC-0109AO approval date 5/13/2005, Department tracking number 28481.

#### Items Bracketed as Variable

- The Defense of Marriage Act disclosure language has been added to the top of each application with the applicable states bracketed as they may change over time.
- The post office box and zip code found in the address is bracketed as well as the phone number, as these items may change over time.
- The marketing name and product identifier number in the bottom right-hand corner are bracketed as other proprietary relationships may decide to market this product.
- The underlying mutual fund options are bracketed in sections 3a, 4b, and 4c to allow fund name changes or to add/delete funds from this product.

Please note: The marks located in the upper left and lower right-hand corners on each page of the applications are formatting marks and do not represent variability.

#### Application VAA-0125AO.1

Application VAA-0125AO.1 (the "Application") is new and replaces previously approved Application VAA-0125AO, approved by the Department 1/11/2011, Department Tracking number 47605.

VAA-0125AO.1 has been revised to include the bracketing of the product type of the Application in addition to adding the Defense of Marriage Act disclosure language at the top of the application.

Company Tracking Number: VAA-0101AO.9

TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number:

The Application is a common application designed to facilitate order entry for new business submitted through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The Application will be generated based on customer specific information and will be customized to reflect only the optional features and investment options selected by the Contract Owner. Once the application has been reviewed by the Contract Owner, they will sign the application verifying the options elected.

The Application will be issued with the previously approved contracts listed below.

Contract VAC-0110AO approved on 9/22/2006, Department tracking number 33410.

Contract VAC-0111AO approved on 2/15/2007, Department tracking number 35035.

Contract VAC-0114AO approved on 11/01/2007, Department tracking number 37166.

Contract VAC-0116AOCV approved on 10/22/2008, Department tracking number 40553.

Contract VAC-0117AOCV approved on 9/09/2009, Department tracking number 43417.

Contract VAC-0118AOCV approved on 6/30/2010, Department tracking number 46027.

Contract VAC-0120AOCV.1 approved on 1/31/2011, Department tracking number 47798.

#### Application VAA-0136AO

Application VAA-0136AO (the "Application") is new and doesn't replace any other application. The Application is a common application designed to facilitate order entry for new business submitted through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The Application will be generated based on customer specific information and will be customized to reflect only the optional features and investment options selected by the Contract Owner. Once the application has been reviewed by the Contract Owner, they will sign the application verifying the options elected.

Upon approval by the Department, the Application will be issued with the following previously approved contracts that contain Market Value Adjustments and Guaranteed Term Options:

Contract VAC-0102AO approved on 9/24/2004, Department tracking number 27480.

Contract VAC-0108AO approved on 11/23/2004, Department tracking number 27961.

Contract VAC-0109AO approved on 5/13/2005, Department tracking number 28481.

Items Bracketed as Variable (VAA-0125AO.1 and VAA-0136AO)

The bracketed items on the applications are customized for each Contract Owner based on information provided by the Contract Owner at time of application. Only the items chosen by the Contract Owner will appear on the application.

• The title of the Application is bracketed to reflect the title of the Contract to which the application will be issued with.

Company Tracking Number: VAA-0101AO.9

TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number: /

- The Defense of Marriage Act disclosure language has been added to the top of each application with the applicable states bracketed as they may change over time.
- The Product Name is bracketed as this application will be utilized with other products.
- The post office box and zip code found in the address is bracketed as well as the phone number, as they may change
  over time.
- The Joint Owner, Co-Annuitant, Contingent Owner and Contingent Annuitant sections are bracketed to reflect only those options chosen by the Contract Owner.
- The Contract Options Elected and Initial Purchase Payment Allocation fields are bracketed as this information will vary by Contract Owner selections.
- The Asset Rebalancing and Dollar Cost Averaging sections are bracketed under the Administrative Service section to reflect the options chosen by the Contract Owner. If the Contract Owner chooses not to elect either Asset Rebalancing or Dollar Cost Averaging, the word 'None" will appear on the Application.
- The Transfer Authorization for Registered Representative sections are bracketed so that only the option elected ("yes" or "no") by the Contract Owner will appear on the application.
- The Additional Registered Representative Information section is bracketed to reflect the possibility of more than one registered representative.

#### Other Information

Nationwide certifies that, to the best of its knowledge and belief, the applications submitted comply with all of the laws and regulations of your state.

Nationwide's printers use various fonts and layouts; therefore, Nationwide reserves the right to format the pages of these forms to conform to the printer's requirements. No change in language will occur, only a possible page break or page renumbering.

#### **Company and Contact**

#### **Filing Contact Information**

Clara Pollard, Sr. Compliance Analyst, pollarc@nationwide.com Corporate Compliance

Company Tracking Number: VAA-0101AO.9

TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number:

PO Box 182455 800-691-0023 [Phone] 94507 [Ext]

1-33-102 614-249-2112 [FAX]

Columbus, OH 43272-8921

**Filing Company Information** 

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio

PO Box 182455 Group Code: 140 Company Type: 1-33-102 Group Name: State ID Number:

Columbus, OH 43272-8921 FEIN Number: 31-4156830

(800) 691-0023 ext. [Phone]

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#### **Filing Fees**

Fee Required? Yes

Fee Amount: \$400.00

Retaliatory? No

Fee Explanation: \$50 per form X 8 forms = \$400.00 which is greater than retaliatory fee.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Nationwide Life Insurance Company \$400.00 07/01/2011 49326675

Company Tracking Number: VAA-0101AO.9

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number: /

#### **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/07/2011	07/07/2011

Company Tracking Number: VAA-0101AO.9

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number: /

#### **Disposition**

Disposition Date: 07/07/2011

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: VAA-0101AO.9

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status Public Access
Supporting Document	Flesch Certification	No
Supporting Document	Application	No
Supporting Document	Life & Annuity - Acturial Memo	No
Form	Application	Yes

Company Tracking Number: VAA-0101AO.9

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number: /

#### Form Schedule

Lead Form Number: VAA-0101AO.9

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VAA- 0101AO.9	Application/Application Enrollment Form	Revised	Replaced Form #: VAA-0101AO.7 Previous Filing #: 41919	0.000	VAA- 0101AO.9 Bracketed John Doe.pdf
	VAA- 0106AO.2	Application/Application Enrollment Form	Revised	Replaced Form #: VAA-0106AO.1 Previous Filing #: 41398	0.000	VAA- 0106AO.2 Bracketed John Doe.pdf
	VAA- 0118AO.3	Application/Application Enrollment Form	Revised	Replaced Form #: VAA-0118AO.1 Previous Filing #: 41919	0.000	VAA- 0118AO.3 Bracketed John Doe.pdf
	VAA- 0121AO.1	Application/Application Enrollment Form	Revised	Replaced Form #: VAA-0121AO Previous Filing #: 46027	0.000	VAA- 0121AO.1 Bracketed John Doe.pdf
	VAA- 0122AO.1	Application/Application Enrollment Form	Revised	Replaced Form #: VAA-0122AO Previous Filing #: 44322	0.000	VAA- 0122AO.1 Bracketed John Doe.pdf
	VAA- 0100AO.6	Application/Application Enrollment Form	Revised	Replaced Form #: VAA-0100AO.5 Previous Filing #: 41399	0.000	VAA- 0100AO.6 Bracketed John Doe.pdf
	VAA- 0125AO.1	Application/Application Enrollment Form	Revised	Replaced Form #: VAA-0125AO Previous Filing #: 47605	0.000	VAA- 0125AO.1.pdf
	VAA-	Application/Application	Initial		0.000	VAA-

Company Tracking Number: VAA-0101AO.9

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number:

0136AO Enrollment 0136AO.pdf

Form

#### **Nationwide Life Insurance Company**

P.O. Box[182021] Columbus, OH[43218-2021] [1-800-321-6064]

#### [ Nationwide Destination<sup>SM</sup> All American Gold ]

Nationwide Destination is a service mark of Nationwide Mutual Insurance Company

Application for

### Individual Flexible Purchase Payment Variable Deferred Annuity

Minimum Initial Purchase Payment of \$5,000

Page 1 of 8

[DC, IA, IL, NH, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

1a. Contract Owner	
First Name: John	MI: Q Last Name: Doe
Employer/Trust Name (if applicable):	
	ditional forms required. See the New Business enrollment packet.)
Date of Birth: 01/01/1956	Sex: ☑M □F Soc. Sec. No. or Tax ID: 1 2 3 4 5 6 7 8
Street: 123 Anystreet	
City: Anycity	State: Anystate ZIP: 12345
E-mail Address: jdoe@abccompany.con	n Daytime Phone Number: ( 222 ) 222-2222
☐ Contingent Ov	Limited to spouses, except in HI.)  Nner (Available only with Non-Qualified Contracts.)  MI: M Last Name: Doe
First Name: Jane	
Date of Birth: 12/01/1961	Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: 987 - 65 - 4321
Address: Same address as owner	Street:
City:	State: ZIP:
1c. Annuitant Complete only if differen	ent from Contract Owner. (Annuitant must be age 85 or younger.)
First Name:	MI: Last Name:
Relationship to Contract Owner:	
Date of Birth:	Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID:
Address: Same address as owner	Street:
City:	State: ZIP:
E-mail Address:	Daytime Phone Number: ( )
(Charitable Remainder Trust). Must be a	MI: Last Name:
Date of Birth:	Sex: LINI LIF Soc. Sec. No. or lax ID:
Date of Birth:  Address: □ Same address as owner	Sex: M F Soc. Sec. No. or Tax ID: 5treet:

# On this page, elect contingent annuitant or elect the beneficiaries. Please submit all pages of the application.

Page 2 of 8

1e. Contingent Annuitant (Must be age 85 or you	unger.)				
First Name:	MI: Last Name:				
Date of Birth: Sex: □M [	□ F Soc. Sec. No. or Tax ID:				
Address: Same address as owner Street:					
City:	State: ZIP:				
Providing your beneficiaries social s ensure that Nationwide can proper If you elected Spousal Protection/Co-Annuitant (se Instead only provide your contingent beneficiaries. By designating your spouse as a primary beneficia	ection 1d), both spouses will automatically be primary beneficiaries.  Try AND not completing Spousal Protection/Co-Annuitant e Spousal Protection feature. If you do not want the Spousal				
Primary Beneficiaries   Pay all	l Primary Beneficiaries equally				
Legal First Name: John	MI: Q Last Name: Doe				
Relationship to Annuitant: Self	Allocation (whole % only): 100 %				
SSN #: 123 - 45 - 6789	Sex: ☒ M ☐ F Date of Birth: 01/01/1956				
Address: 🖾 Same address as owner Street:					
City:	State: ZIP:				
Legal First Name: Jane	MI: M Last Name: Doe				
Relationship to Annuitant: Wife	Allocation (whole % only): 100 %				
SSN #: 987 - 65 - 4321	Sex: ☐ M ☑ F Date of Birth: 12/01/1961				
Address: 🛛 Same address as owner Street:					
City:	State: ZIP:				
Contingent Beneficiaries   Pay all	l Contingent Beneficiaries equally				
Legal First Name:	MI: Last Name:				
Relationship to Annuitant:	Allocation (whole % only): %				
SSN #:	Sex: ☐ M ☐ F Date of Birth:				
Address: ☐ Same address as owner Street:					
City:	State: ZIP:				
Legal First Name:	MI: Last Name:				
Relationship to Annuitant:	Allocation (whole % only): %				
SSN #:	Sex: ☐ M ☐ F Date of Birth:				
Address: ☐ Same address as owner Street:					
City:	State: ZIP:				
If more than two Beneficiaries, list additional names on th	ne Additional Beneficiaries form (in New Business Enrollment Packet).				

# On this page, select the contract type, disclose the purchase payment amount, and add the transfer authorization. Please submit all pages of the application.

Page 3 of 8



Non-Qualified   Beneficially Owned Non-Qualified*   Graft* (Charitable Remainder Trust)   Traditional IRA – Tax Year:   2006   Beneficially Owned/Inherited IRA*   Gustodial Owned IRA   Graft (Charitable Remainder Trust)   Graft (Charitable Remainder Remaind	ontract Informati	on		
□ Beneficially Owned Non-Qualified* □ CRT* (Charitable Remainder Trust) □ Traditional IRA – Tax Year: □ 2006 □ Beneficially Owned/Inherited IRA* □ Custodial Owned IRA □ Roth IRA – Tax Year: □ Tax Year Roth IRA started: □ SIMPLE IRA* □ Beneficially Owned/Inherited Roth IRA* □ SIMPLE IRA* □ SIMPLE IRA* □ 401(a)* (Investment Only) □ ORP 403(b)* **Additional forms required.  2b. Purchase Payment  Approximate Amount: □ 5,5000 □ \$5,000 initial minimum for Non-Qualified and Cf (\$3,000 for all other contract types).  Payment Submitted Via: □ Check □ Wire □ 1035(a) Exchange* □ Transfer/Rollover* **Additional forms required. Please see the New Business Enrollment Packet.  2c. Transfer Authorization for Registered Representative □ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contra and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.  If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interevant or assigns to release and hold harmless Nationwide from any and all llability in reliance on instructions given under the authority described above, You and the Registered Representative also agree to jointly and severally indemnify Nationwide.	2a. Contract Type	Must specify by checking a box.		
□ CRT* (Charitable Remainder Trust) □ Traditional IRA – Tax Year: □ 2006 □ Beneficially Owned/Inherited IRA* □ Custodial Owned IRA □ Roth IRA – Tax Year: □ Tax Year Roth IRA started: □ Beneficially Owned/Inherited Roth IRA* □ SIMPLE IRA* □ SEP IRA* □ 401(k)* □ 401(a)* (Investment Only) □ ORP 403(b)* **Additional forms required.  2b. Purchase Payment  Approximate Amount: □ 5,000 □ \$5,000 initial minimum for Non-Qualified and CI (\$3,000 for all other contract types).  Payment Submitted Via: □ Check □ Wire □ 1035(a) Exchange* □ Transfer/Rollover* **Additional forms required. Please see the New Business Enrollment Packet.  2c. Transfer Authorization for Registered Representative □ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contrand/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative by de delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.  If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interfor assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative so jointly and severally indemnify Nationwide	□ Non-Qualified			
Traditional IRA – Tax Year:   2006   Beneficially Owned/Inherited IRA*   Custodial Owned IRA   Roth IRA – Tax Year:   Tax Year Roth IRA started:   Beneficially Owned/Inherited Roth IRA*   SIMPLE IRA*   SEP IRA*   401(k)*   401(a)* (Investment Only)   ORP 403(b)*   *Additional forms required.   Special September   Special S	☐ Beneficially Owned N	on-Qualified*		
□ Beneficially Owned/Inherited IRA* □ Custodial Owned IRA □ Roth IRA – Tax Year: □ Tax Year Roth IRA started: □ □ Beneficially Owned/Inherited Roth IRA* □ SIMPLE IRA* □ SEP IRA* □ 401(k)* □ 401(a)* (Investment Only) □ ORP 403(b)* * Additional forms required.  2b. Purchase Payment  Approximate Amount: ⑤ 5,000 ⑤ \$5,000 initial minimum for Non-Qualified and CI (\$3,000 for all other contract types).  Payment Submitted Via: □ Check □ Wire □ 1035(a) Exchange* □ Transfer/Rollover* * Additional forms required. Please see the New Business Enrollment Packet.  2c. Transfer Authorization for Registered Representative □ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contra and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registere Representative to act on your behalf at any time by written notification to you.  If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in intervor assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide	☐ CRT* (Charitable Rem	ainder Trust)		
□ Custodial Owned IRA □ Roth IRA – Tax Year: □ Tax Year Roth IRA started: □ Beneficially Owned/Inherited Roth IRA* □ SIMPLE IRA* □ SEP IRA* □ 401(k)* □ 401(a)* (Investment Only) □ ORP 403(b)* **Additional forms required.  2b. Purchase Payment  Approximate Amount: ⑤ 5,000 ⑤ \$5,000 initial minimum for Non-Qualified and Cf (\$3,000 for all other contract types).  Payment Submitted Via: ☒ Check □ Wire □ 1035(a) Exchange* □ Transfer/Rollover* **Additional forms required. Please see the New Business Enrollment Packet.  2c. Transfer Authorization for Registered Representative □ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contra and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative for administrative/processing purposes. This power is not available under control of the Registered Representative to act on your behalf at any time by written notification to you.  If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in inter or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide.	☑Traditional IRA – Tax `	ear: 2006		
□ Roth IRA – Tax Year: □ Tax Year Roth IRA started: □ Beneficially Owned/Inherited Roth IRA* □ SIMPLE IRA* □ SEP IRA* □ 401(k)* □ 401(a)* (Investment Only) □ ORP 403(b)* * Additional forms required.  2b. Purchase Payment  Approximate Amount: \$ 5,000	☐ Beneficially Owned/I	nherited IRA*		
□ Beneficially Owned/Inherited Roth IRA* □ SIMPLE IRA* □ SEP IRA* □ 401(k)* □ 401(a)* (Investment Only) □ ORP 403(b)* *Additional forms required.  2b. Purchase Payment  Approximate Amount: ⑤ 5,000 ⑤ \$5,000 initial minimum for Non-Qualified and Cf (\$3,000 for all other contract types).  Payment Submitted Via: ⑥ Check □ Wire □ 1035(a) Exchange* □ Transfer/Rollover* *Additional forms required. Please see the New Business Enrollment Packet.  2c. Transfer Authorization for Registered Representative □ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contra and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you. If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in intero or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide	☐ Custodial Owned IRA			
□ SIMPLE IRA* □ GEP IRA* □ 401(k)* □ 401(a)* (Investment Only) □ ORP 403(b)* * Additional forms required.  2b. Purchase Payment  Approximate Amount:	☐ Roth IRA – Tax Year:	Tax Year Roth IRA star	ted:	
□ SEP IRA* □ 401(a)* (Investment Only) □ ORP 403(b)*  * Additional forms required.  2b. Purchase Payment  Approximate Amount: \$ 5,000 \$5,000 initial minimum for Non-Qualified and Cl (\$3,000 for all other contract types).  Payment Submitted Via: □ Check □ Wire □ 1035(a) Exchange* □ Transfer/Rollover*  * Additional forms required. Please see the New Business Enrollment Packet.  2c. Transfer Authorization for Registered Representative □ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contra and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registere Representative to act on your behalf at any time by written notification to you.  If the box above is checked, your signature and the Registered Representatives of your estates and your successors in intervor assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide	☐ Beneficially Owned/I	nherited Roth IRA*		
□ 401(k)* □ 401(a)* (Investment Only) □ ORP 403(b)* *Additional forms required.  2b. Purchase Payment  Approximate Amount: 5 5,000 \$5,000 initial minimum for Non-Qualified and Cl (\$3,000 for all other contract types).  Payment Submitted Via: □ Check □ Wire □ 1035(a) Exchange* □ Transfer/Rollover* *Additional forms required. Please see the New Business Enrollment Packet.  2c. Transfer Authorization for Registered Representative □ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contra and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.  If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interor assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide	☐ SIMPLE IRA*			
□ A01(a)* (Investment Only) □ ORP 403(b)*  * Additional forms required.  2b. Purchase Payment  Approximate Amount: \$ 5,000 \$5,000 initial minimum for Non-Qualified and Cl (\$3,000 for all other contract types).  Payment Submitted Via: □ Check □ Wire □ 1035(a) Exchange* □ Transfer/Rollover*  * Additional forms required. Please see the New Business Enrollment Packet.  2c. Transfer Authorization for Registered Representative □ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contra and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registere Representative to act on your behalf at any time by written notification to you.  If the box above is checked, your signature and the Registered Representatives of your estates and your successors in intered as a greeneem of the province of the registered Representative or province on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide and the Registered Representative and severally indemnify Nationwide and severally indemnify	☐ SEP IRA*			
□ ORP 403(b)*  * Additional forms required.  2b. Purchase Payment  Approximate Amount: \$ 5,000 \$5,000 initial minimum for Non-Qualified and Cl (\$3,000 for all other contract types).  Payment Submitted Via: □ Check □ Wire □ 1035(a) Exchange* □ Transfer/Rollover*  * Additional forms required. Please see the New Business Enrollment Packet.  2c. Transfer Authorization for Registered Representative □ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contra and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.  If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interc or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide	□ 401(k)*			
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	represents agreement for or assigns to release and authority described abo	r yourselves, your heirs and the legal r hold harmless Nationwide from any a ve. You and the Registered Representa	epresentatives of your e nd all liability in reliance tive also agree to jointly	states and your successors in intere on instructions given under the and severally indemnify Nationwic

# Complete this page if you want the L.inc Option. Please submit all pages of the application.



Dollar Cost Averaging (DCA) with L.inc  G-Month Enhanced DCA  If neither box is checked DCA will not be established.  Select one or more funds from Box A, or one model from Box B.  Myble percentages only. Must add up to 100%.  Shawling percentages only. Must add up to 100%.  Shawli	3	a. I ele	:t:⊠The Nationwide Lifetime Inco	ome Rider® (L.inc)
G-Month Enhanced DCA   If neither box is checked DCA will not be established.    Select one or more funds from Box A, or one model from Box B.	C	ontract O	wner, or Annuitant in the case of non-natura	al Contract Owner, must be between the age of 45 and 85.
Select one or more funds from Box A, or one model from Box B.    Whole percentages only. Must add up to 100%.			Dollar Cost A	Averaging (DCA) with L.inc
Select one or more funds from Box A, or one model from Box B.  A Whole percentages only. Must add up to 100%.  50 % American Funds NVIT Asset Allocation Fund % Fidelity VIP Freedom Fund 2010 Portfolio % Fidelity VIP Freedom Fund 2020 Portfolio 50 % NVIT Cardinals Conservative Fund % NVIT Cardinals Moderately Conservative Fund % NVIT Cardinals Moderate Fund % NVIT Cardinals Moderate Fund % NVIT Cardinals Conservative Fund % NVIT Cardinals Conservative Fund % NVIT Cardinals Moderate Fund % NVIT Investor Dest. Conservative Fund % NVIT Investor Dest. Moderately Conservative Fund % NVIT Investor Dest. Moderately Conservative Fund % NVIT Investor Dest. Moderate Fund % NVIT Investor Dest. Balanced Fund % NVIT Investor Dest. Moderate Fund % NVIT Investor Dest. Capital Appreciation Fund				
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NVIT Cardinal Moderately Conservative Fund  NVIT Cardinal Moderately Conservative Fund  NVIT Cardinal Moderately Conservative Fund  NVIT Cardinal Moderate Fund  NVIT Cardinal Moderate Fund  NVIT Cardinal Appreciation Fund  NVIT Investor Dest. Conservative Fund  NVIT Investor Dest. Moderately Conservative Fund  NVIT Investor Dest. Balanced Fund  NVIT Investor Dest. Moderate Fund  NVIT Investor Dest. Moderate Fund  NVIT Investor Dest. Balanced Fund  NVIT Investor Dest. Capital Appreciation Fund  NVIT Investor Dest. Capital Appreciation Fund  NVIT Investor Dest. Capital Appreciation Fund  If you want to begin immediate income, your anticipated use of this benefit.  If you want to begin immediate income, your anticipated use of this benefit.  If you want to begin immediate income, your anticipated use of this benefit.  If you want to begin immediate income, your anticipated use of this benefit.  If you want to begin immediate income, your anticipated use of this benefit.  If you want to begin immediate income, your anticipated use of this benefit.  If you want to begin immediate income, your anticipated use of this benefit.  If you want to begin immediate income, your anticipated use of this benefit.  If you want to begin immediate income, your anticipated use of this benefit.  If you want to begin immediate income, your anticipated use of this benefit.				lio NVIT Asset Allocation Fund, 33% American Fund: NVIT Bond Fund)
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WIT Cardinal   Moderate   Conservative		50 %	NVIT Cardinal <sup>sm</sup> Conservative Fund	Nationwide Custom Portfolio requires submi
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Please check the box which best describes your anticipated use of this benefit.    Moderate Fund   Moderate Fu		%	NVIT Investor Dest. Conservative Fund	
NVIT Investor Dest. Balanced Fund   Immediately   In years   Not Sure		%		11
NVIT Investor Dest. Capital Appreciation Fund  = 100%  NVIT Investor Dest. Capital Appreciation Fund must complete the L.inc Administrative for in the New Business Enrollment Packet.		%	NVIT Investor Dest. Balanced Fund	
= 100% must complete the L.inc Administrative for in the New Business Enrollment Packet.		%	NVIT Investor Dest. Moderate Fund	
= 100% in the New Business Enrollment Packet.		%	NVIT Investor Dest. Capital Appreciation Fu	If you want to begin immediate income, must complete the L.inc Administrative
To elect asset rebalancing, please complete section 4a.		= 100%	<del>_</del>	
		To elect a	sset rebalancing, please complete section 4a	a.
	_			
By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life (Spouse must be between the age of 45 and 85). This benefit will allow the income from Linc to continu	tŀ	ne Joint D	etermining Life after the death of the Determ	mining Life. Please note that lifetime income percentage will be bo
Determining Life (Spouse must be between the age of 45 and 85). This benefit will allow the income from Linc to continu the Joint Determining Life after the death of the Determining Life. Please note that lifetime income percentage will be ba				
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## Complete this page if you want an Enhanced Death Benefit, the Beneficiary Protector II Option, Asset Rebalancing, or DCA.

#### Please submit all pages of the application.



Page 5 of 8

•	tector II Not available in tector II (Annuitant/Co-Annu		younger.)	
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estment Option:	<u> </u>			
			n any fixed account, will be rebalar ication at the frequency selected b	
☐ Quarterly	☐ Semi-Annually	□Annu	ally	
4b. Dollar Cost Ave	raging (DCA) – DCA thes	se allocations fro	om: (Choose only one Option.)	$\neg$
Do not complete this sec	tion if you selected DCA with	L.inc in section	3a.	
☐ 6-month Enhanced				
☐ 12-month Enhanced				
	onthly <b>Not available with L</b>		7	
∟ Standard Account Mo ( <b>Choose only one fund.)</b>	onthly: Dollar Amount to DC	A  \$	Not available with L.inc	
☐ Fixed Account				
☐ NVIT Money Ma	rket Fund			
•	rket rund nan Advisers Management T	ruct		
	tion Bond Portfolio	lust		
☐ NVIT Short Term	Bond Fund			
☐ PIMCO VIT Low [	Duration Portfolio			
☐ NVIT Core Bond	Fund			
☐ NVIT Governme	nt Bond Fund			



#### **4c. Purchase Payment Allocation and Disclosures**

Funds designated by an \* may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

#### Must be whole percentages and must add up to 100%.

### AllianceBernstein Variable Products Series Fund, Inc.

% AllianceBernstein VPS Small/Mid Cap Value Portfolio

#### American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

#### American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection

#### BlackRock Variable Series Funds, Inc.

% BlackRock Global Allocation V.I. Fund

#### Dreyfus

- % Dreyfus IP Small Cap Stock Index Portfolio
- % Dreyfus Stock Index Fund, Inc.
- % Dreyfus VIF Appreciation Portfolio

#### Fidelity Variable Insurance Products Fund

- % Fidelity VIP Energy Portfolio\*
- % Fidelity VIP Equity-Income Portfolio
- % Fidelity VIP Freedom Fund 2010 Portfolio
- % Fidelity VIP Freedom Fund 2020 Portfolio
- % Fidelity VIP Freedom Fund 2030 Portfolio
- % Fidelity VIP Growth Portfolio
- % Fidelity VIP Investment Grade Bond Portfolio
- % Fidelity VIP Mid Cap Portfolio
- % Fidelity VIP Overseas Portfolio\*

### Franklin Templeton Variable Insurance Products Trust

- % Franklin Templeton VIPT Founding Funds Allocation Fund
- % Franklin Templeton VIPT Global Bond Securities Fund\*
- % Franklin Templeton VIPT Income Securities
- % Franklin VIPT Small Cap Value Securities

#### **Huntington Variable Annuity Funds**

- % Huntington VA International Equity Fund
- % Huntington VA Situs Fund

#### **Invesco Variable Insurance Funds**

% Invesco V.I. Capital Development Fund

#### Ivy Funds Variable Insurance Portfolios, Inc.

% Ivy Funds VIP Asset Strategy

VAA-0101AO.9

#### **Janus Aspen Series**

- % Janus Aspen Series Forty Portfolio
- % Janus Aspen Series Global Technology Portfolio\*
- % Janus Aspen Series Overseas Portfolio\*

#### MFS® Variable Insurance Trust

% MFS VIT Value Series

#### MFS® Variable Insurance Trust II

% MFS VIT International Value Portfolio

#### Nationwide Variable Insurance Trust (NVIT)

- % American Century NVIT Growth Fund
- % American Century NVIT Multi Cap Value Fund
- % American Funds NVIT Asset Allocation Fund
- % American Funds NVIT Bond Fund
- % American Funds NVIT Global Growth Fund
- % American Funds NVIT Growth Fund
- % American Funds NVIT Growth-Income Fund
- % Federated NVIT High Income Bond Fund\*
- % Neuberger Berman NVIT Multi Cap
- Opportunities Fund
- % Neuberger Berman NVIT Socially Responsible Fund
- % NVIT Cardinal<sup>SM</sup> Aggressive Fund
- % NVIT Cardinal<sup>SM</sup> Balanced Fund
- % NVIT Cardinal<sup>SM</sup> Capital Appreciation Fund
- % NVIT Cardinal<sup>SM</sup> Conservative Fund
- % NVIT Cardinal<sup>SM</sup> Moderate Fund
- % NVIT Cardinal<sup>SM</sup> Moderately Aggressive Fund
- % NVIT Cardinal<sup>SM</sup> Moderately Conservative Fund
- % NVIT Core Bond Fund
- % NVIT Core Plus Bond Fund
- % NVIT Emerging Markets Fund\*
- % NVIT Government Bond Fund
- % NVIT International Equity Fund\*
- % NVIT International Index Fund\*
- % NVIT Investor Dest. Aggressive Fund
- % NVIT Investor Dest. Balanced Fund
- % NVIT Investor Dest. Capital Appreciation Fund
- % NVIT Investor Dest. Conservative Fund
- % NVIT Investor Dest. Moderate Fund
- % NVIT Investor Dest. Moderately Aggressive Fund
- % NVIT Investor Dest. Moderately Conservative Fund
- % NVIT Mid Cap Index Fund
- % NVIT Money Market Fund

Total fund allocations must equal 100%.

%	NVIT Multi-Manager International Growth
	Fund*

- % NVIT Multi-Manager International Value Fund\*
- % NVIT Multi-Manager Large Cap Growth Fund
- % NVIT Multi-Manager Large Cap Value Fund
- % NVIT Multi-Manager Mid Cap Growth Fund
- % NVIT Multi-Manager Mid Cap Value Fund
- % NVIT Multi-Manager Small Cap Growth Fund
- % NVIT Multi-Manager Small Cap Value Fund
- % NVIT Multi-Manager Small Company Fund
- % NVIT Multi Sector Bond Fund
- % NVIT Nationwide Fund
- % NVIT Real Estate Fund
- % NVIT Short Term Bond Fund
- % Oppenheimer NVIT Large Cap Growth Fund
- % Templeton NVIT International Value Fund\*
- % Van Kampen NVIT Comstock Value Fund

#### **Neuberger Berman Advisers Management Trust**

% Neuberger Berman AMT Short Duration Bond Portfolio

#### **Oppenheimer Variable Account Funds**

- % Oppenheimer Global Securities Fund/VA\*
- % Oppenheimer Main Street® Fund/VA
- % Oppenheimer Main Street Small- & Mid-Cap Fund®/VA

#### **PIMCO Variable Insurance Trust**

- % PIMCO VIT Foreign Bond Portfolio (unhedged)
- % PIMCO VIT Low Duration Portfolio
- % PIMCO VIT Total Return Portfolio

#### T. Rowe Price Equity Series, Inc.

% T. Rowe Price Health Sciences Portfolio

#### Van Eck VIPT

% Van Eck VIPT Global Hard Assets Fund\*

#### **Wells Fargo Advantage Variable Trust**

% Wells Fargo Advantage VT Small Cap Growth Fund

#### Nationwide Life Insurance Company

% Fixed Account

#### MVA/Guar. Term Option (GTO) Not avail. in WA

\$1,000 minimum for each MVA/GTO Option selected.

% 3 Year	%	7 Year
% 5 Year	%	10 Year





# On this page, Section 6 must be completed and the contract owner MUST sign the application. Please submit all pages of the application.

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#### 5. State Disclosures

**Notice to AK Residents Only:** The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

Notice to MN, ND, SC, and SD Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuitization and would be in addition to the scheduled surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

**Notice to MA Residents Only:** You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

**Notice to MN Residents Only:** This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include inpursonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to WA Residents Only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

#### 6. Contract Owner Signatures and Authorizations

#### **6a. Replacement Information**

□ V <sub>Φ</sub> c	X No	Do you have	evisting life	incurance o	r annuity c	ontracts?
116		IJO VOU NAVE	exicing inc	· insurance o	ir annilli v c	ONITACIST

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

#### 6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuitization (GTO/MVA not available in WA).

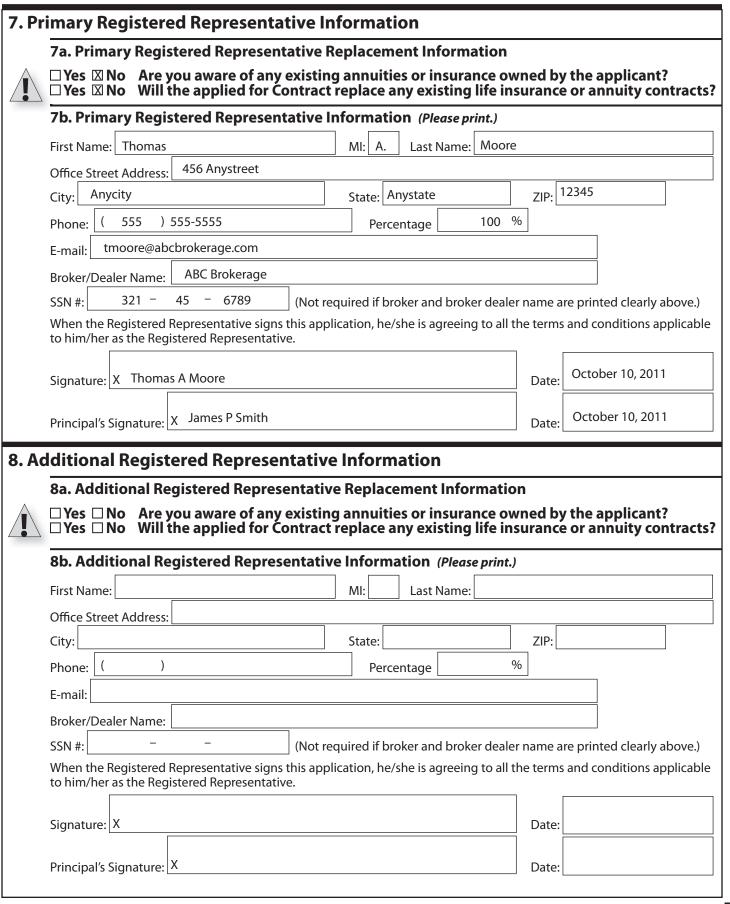
When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

Contract Owner Must Sign Here:	X John Q. [	Doe		
Joint Contract Owner Sign	nature (if any):	Jane M. Doe		
State In Which Application	was Signed:	Anystate	Date:	October 10, 2011

STANDARD AAGAN/Q (10/2011)







#### **Nationwide Life Insurance Company**

P.O. Box [182021] Columbus, OH[43218-2021] [1-800-321-6064]

#### [Nationwide Destination<sup>SM</sup> C]

Nationwide Destination is a service mark of Nationwide **Mutual Insurance Company** Application for

#### **Individual Flexible Purchase Payment Variable Deferred Annuity**

Minimum Initial Purchase Payment of \$10,000 Page 1 of 7

DC, IA, IL, NH, NV, and WA: The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

1a. Contract Owner	
First Name: John	MI: Q Last Name: Doe
Employer/Trust Name (if applicable):	ditional forms required. See the New Business enrollment packet.)
Date of Birth: 01/01/1956	Sex: ☑ M ☐ F Soc. Sec. No. or Tax ID: 1 2 3 4 5 6 7 8
Street: 123 Anystreet	
City: Anycity	State: Anystate ZIP: 12345
E-mail Address: jdoe@abccompany.com	m Daytime Phone Number: ( 222 ) 222-2222
	Limited to spouses, except in HI.) wner (Available only with Non-Qualified Contracts.)
First Name: Jane	MI: M Last Name: Doe
Date of Birth: 12/01/1961	Sex:         □ M ☑ F Soc. Sec. No. or Tax ID:         987 - 65 - 4321
Address: 🛛 Same address as owner	Street:
City:	State: ZIP:
1c. Annuitant Complete only if differe	ent from Contract Owner. (Annuitant must be age 85 or younger.)
First Name:	MI: Last Name:
Relationship to Contract Owner:	
Date of Birth:	Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID:
Address: Same address as owner	Street:
City:	State: ZIP:
E-mail Address:	Daytime Phone Number: ( )
(for an additional charge, part of the death <b>Remainder Trust).</b> With Spousal Protectio	<b>uitant</b> Must be age 85 or younger. By completing this section, you are electing the benefit) the Spousal Protection Option. <b>Not available with CRTs (Charitable on, both spouses will automatically be Primary Beneficiaries. When the Contract when, this feature requires that the Contract Owner and Annuitant be the same p</b>
First Name:	
Pirst Name:  Date of Birth:	Sex:   M F Soc. Sec. No. or Tax ID:

# On this page, elect contingent annuitant or elect the beneficiaries. Please submit all pages of the application.



Page 2 of 7

1e. Contingent Annuitant (Must be age 85 or y	ounger.)	
First Name:	MI: Last Name:	
Date of Birth: Sex: $\square N$	I □ F Soc. Sec. No. or T	ax ID:
Address: Same address as owner Street:		
City:	State:	ZIP:
If. Beneficiaries Allocation to all Primary Beneficiar Providing your beneficiaries social ensure that Nationwide can proper of the second provide your contingent beneficiaried from the Spousal Protection feature. I do not wish to add the Spousal Protection.	al security numbers (SSN) verly identify your beneficion erly identify your beneficion (section 1d), both spouses es. ee, please check the box be	will help expedite beneficiary claims and will aries. will automatically be primary beneficiaries. Plow.
·	all Primary Beneficiaries	
Legal First Name: John	MI: Q Last Name	Doe
Relationship to Annuitant: Self		Allocation (whole % only): 100 %
SSN #: 123 - 45 - 6789	Sex: ☒M ☐F	Date of Birth: 01/01/1956
Address: 🛮 Same address as owner Street:		
City:	State:	ZIP:
Legal First Name: Jane	MI: M Last Name	Doe
Relationship to Annuitant: Wife		Allocation (whole % only): 100 %
SSN #: 987 - 65 - 4321	Sex: ☐ M 🖫 F	Date of Birth: 12/01/1961
Address: 🔀 Same address as owner Street:		
City:	State:	ZIP:
Contingent Beneficiaries	all Contingent Beneficiar	ies equally
Legal First Name:	MI: Last Name	
Relationship to Annuitant:		Allocation (whole % only): %
SSN #:	Sex: □M □F	Date of Birth:
Address: ☐ Same address as owner Street:		
City:	State:	ZIP:
Legal First Name:	MI: Last Name	
Relationship to Annuitant:		Allocation (whole % only): %
SSN #:	Sex: □M □F	Date of Birth:
Address: ☐ Same address as owner Street:		
City:	State:	ZIP:
If more than two Beneficiaries, list additional names on	the Additional Beneficiari	es form (in New Business Enrollment Packet).

STANDARD [CEXVN/Q] (10/2011)

# On this page, select the contract type, disclose the purchase payment amount, and add the transfer authorization. Please submit all pages of the application.

Page 3 of 7



ntract Informat	ion		
2a. Contract Type	Must specify by checking a b	oox.	
☑ Non-Qualified			
☐ Beneficially Owned	Non-Qualified*		
☐ CRT* (Charitable Re	mainder Trust)		
☐Traditional IRA – Tax	Year:		
☐ Beneficially Owned,	/Inherited IRA*		
☐ Custodial Owned IR	A		
☐ Roth IRA – Tax Year:	Tax Year Ro	th IRA started:	
☐ Beneficially Owned,	/Inherited Roth IRA*		
☐ SIMPLE IRA*			
☐ SEP IRA*			
□ 401(k)*			
☐ 401(a)* (Investment	Only)		
☐ ORP 403(b)*			
* Additional forms require	ed.		
2b. Purchase Pay	ment		
Approximate Amour		(\$10,000 initial mi	
Payment Submitted V * Additional forms require	a: ⊠Check □Wire □103 ad. Please see the New Business En	5(a) Exchange* ☐ Transfer/I	Rollover*
Payment Submitted V * Additional forms require  2c. Transfer Author  By checking this k Representative signing and/or to allocate any but may be delegated Registered Representa organization providing	a: Macheck Mire 103.  ad. Please see the New Business Enterprise on the American for Registere on the American for Machen for Mire for administrative/process any type of market-timing action.	5(a) Exchange* Transfer/lipidiment Packet.  d Representative and directed Nationwide to exchanges among the investment your behalf. This power is plationwide and only to indivising purposes. This power divice or service. Nationwide resolutions.	Rollover*  accept instructions from the Registerent options available under your Contoersonal to the Registered Representariduals employed or under control of is not available for use by any persomay revoke the authority of the Registerent
Payment Submitted V * Additional forms require  2c. Transfer Author  By checking this is Representative signing and/or to allocate any but may be delegated Registered Representation providing Representative to act of the box above is chargenessed and the represents agreement or assigns to release a authority described above.	a: ☑ Check ☐ Wire ☐ 103 and Please see the New Business Endock, you have authorized are this application to execute experiments on the formula of the formu	5(a) Exchange* Transfer/livellment Packet.  d Representative and directed Nationwide to exchanges among the investment your behalf. This power is plationwide and only to individual strain your behalf. This power dividual to individual strain your behalf. This power is plationwide and only to individual strain your behalf. This power dividual to individual strain your behalf and only to individual strain your behalf and the legal representatives of year from any and all liability in Representative also agree to just the legal representative also	accept instructions from the Registonent options available under your Contoersonal to the Registered Representa viduals employed or under control of is not available for use by any perso
Payment Submitted V * Additional forms require  2c. Transfer Author  By checking this is Representative signing and/or to allocate any but may be delegated Registered Representation providing Representative to act of the box above is chargenessed and the represents agreement or assigns to release a authority described above.	a: ☑ Check ☐ Wire ☐ 103 and Please see the New Business Endock, you have authorized are this application to execute experiments on the formula of the formu	5(a) Exchange* Transfer/livellment Packet.  d Representative and directed Nationwide to exchanges among the investment your behalf. This power is plationwide and only to individual strain your behalf. This power dividual to individual strain your behalf. This power is plationwide and only to individual strain your behalf. This power dividual to individual strain your behalf and only to individual strain your behalf and the legal representatives of year from any and all liability in Representative also agree to just the legal representative also	accept instructions from the Registate accept instructions from the Registered Represental viduals employed or under control of is not available for use by any persomay revoke the authority of the Registate signature at the end of this application our estates and your successors in integration on the severally indemnify Nations
Payment Submitted V * Additional forms require  2c. Transfer Author  By checking this is Representative signing and/or to allocate any but may be delegated Registered Representation providing Representative to act of the box above is chargenessed and the represents agreement or assigns to release a authority described above.	a: ☑ Check ☐ Wire ☐ 103 and Please see the New Business Endock, you have authorized are this application to execute experiments on the formula of the formu	5(a) Exchange* Transfer/livellment Packet.  d Representative and directed Nationwide to exchanges among the investment your behalf. This power is plationwide and only to individual strain your behalf. This power divide or service. Nationwide a written notification to you.  Registered Representatives of your from any and all liability in Representative also agree to just the legal representative also agree to just t	accept instructions from the Register tent options available under your Continersonal to the Registered Representariduals employed or under control of is not available for use by any persomay revoke the authority of the Registers signature at the end of this application our estates and your successors in integration of the reliance on instructions given under ointly and severally indemnify Nations
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Payment Submitted V * Additional forms require  2c. Transfer Author  By checking this is Representative signing and/or to allocate any but may be delegated Registered Representation providing Representative to act of the box above is chargenessed and the represents agreement or assigns to release a authority described above.	a: ☑ Check ☐ Wire ☐ 103 and Please see the New Business Endoc, you have authorized are this application to execute experiments on the formula of the formul	5(a) Exchange* Transfer/livellment Packet.  d Representative and directed Nationwide to exchanges among the investment your behalf. This power is plationwide and only to individual strain your behalf. This power divide or service. Nationwide a written notification to you.  Registered Representatives of your from any and all liability in Representative also agree to just the legal representative also agree to just t	accept instructions from the Registate accept instructions from the Registered Represental viduals employed or under control of is not available for use by any persomay revoke the authority of the Registate signature at the end of this application our estates and your successors in integration on the severally indemnify Nations
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Payment Submitted V * Additional forms require  2c. Transfer Author  By checking this is Representative signing and/or to allocate any but may be delegated Registered Representation providing Representative to act of the box above is chargenessed and the represents agreement or assigns to release a authority described above.	a: ☑ Check ☐ Wire ☐ 103 and Please see the New Business Endoc, you have authorized are this application to execute experiments on the formula of the formul	5(a) Exchange* Transfer/livellment Packet.  d Representative and directed Nationwide to exchanges among the investment your behalf. This power is plationwide and only to individual strain your behalf. This power divide or service. Nationwide a written notification to you.  Registered Representatives of your from any and all liability in Representative also agree to just the legal representative also agree to just t	accept instructions from the Register tent options available under your Continersonal to the Registered Representariduals employed or under control of is not available for use by any persomay revoke the authority of the Registers signature at the end of this application our estates and your successors in integration of the reliance on instructions given under ointly and severally indemnify Nations

### Complete this page if you want an Enhanced Death Benefit, the Beneficiary Protector II Option, Asset Rebalancing, or DCA.

#### Please submit all pages of the application.

Page 4 of 7

<b>3a. Death Benefits</b> If a death benefit option is not elected, we will default to the Standard Death Benefit.  I elect (choose only <b>one</b> ):  ☐ One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger)  ☐ Combination Enhanced Death Benefit (Constant of One Your/EN) Interest (Annuitant)	
☐ Combination Enhanced Death Benefit - Greater of One-Year/5% Interest (Annuitant, age 75 or younger.) <b>Not available in WA.</b>	
<b>3b. Beneficiary Protector II</b> Not available in ND and WA. I elect: ☐ Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)	
4. Investment Options	
<b>4a. Asset Rebalancing</b> The contract value will be rebalanced based on the variable fund purchase payment elected on the application at the frequency selected below unless subsequently changed.	nt allocations
☐ Quarterly ☐ Semi-Annually ☐ Annually	
4b. Dollar Cost Averaging (DCA) – DCA these allocations from:  ☐ Standard Account Monthly: Dollar Amount to DCA \$	
(Choose only one fund.)  □ NVIT Money Market Fund	
☐ Neuberger Berman Advisers Management Trust  AMT Short Duration Bond Portfolio	
☐ NVIT Short Term Bond Fund	
☐ PIMCO VIT Low Duration Portfolio	
□ NVIT Core Bond Fund	
□ NVIT Government Bond Fund	



#### 4c. Purchase Payment Allocation and Disclosures

Funds designated by an \* may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

#### Must be whole percentages and must add up to 100%.

#### AllianceBernstein Variable Products Series Fund, Inc.

% AllianceBernstein VPS Small/Mid Cap Value Portfolio

#### American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

#### American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

#### BlackRock Variable Series Funds, Inc.

% BlackRock Global Allocation V.I. Fund

#### Dreyfus

- % Dreyfus IP Small Cap Stock Index Portfolio
- % Dreyfus Stock Index Fund, Inc.
- % Dreyfus VIF Appreciation Portfolio

#### **Fidelity Variable Insurance Products Fund**

- % Fidelity VIP Energy Portfolio\*
- % Fidelity VIP Equity-Income Portfolio
- % Fidelity VIP Freedom Fund 2010 Portfolio
- % Fidelity VIP Freedom Fund 2020 Portfolio
- % Fidelity VIP Freedom Fund 2030 Portfolio
- % Fidelity VIP Growth Portfolio
- % Fidelity VIP Investment Grade Bond Portfolio
- % Fidelity VIP Mid Cap Portfolio
- % Fidelity VIP Overseas Portfolio\*

### Franklin Templeton Variable Insurance Products Trust

- % Franklin Templeton VIPT Founding Funds Allocation Fund
- % Franklin Templeton VIPT Global Bond Securities Fund\*
- % Franklin Templeton VIPT Income Securities
- % Franklin VIPT Small Cap Value Securities Fund

#### **Huntington Variable Annuity Funds**

- % Huntington VA International Equity Fund
- % Huntington VA Situs Fund

#### **Invesco Variable Insurance Funds**

% Invesco V.I. Capital Development Fund

#### Ivy Funds Variable Insurance Portfolios, Inc.

% Ivy Funds VIP Asset Strategy

VAA-0106AO.2

#### **Janus Aspen Series**

- % Janus Aspen Series Forty Portfolio
- % Janus Aspen Series Global Technology Portfolio\*
- % Janus Aspen Series Overseas Portfolio\*

#### **MFS® Variable Insurance Trust**

% MFS VIT Value Series

#### MFS® Variable Insurance Trust II

% MFS VIT International Value Portfolio

#### Nationwide Variable Insurance Trust (NVIT)

- % American Century NVIT Growth Fund
- % American Century NVIT Multi Cap Value Fund
- % American Funds NVIT Asset Allocation Fund
- % American Funds NVIT Bond Fund
- % American Funds NVIT Global Growth Fund
- % American Funds NVIT Growth Fund
- % American Funds NVIT Growth-Income Fund
- % Federated NVIT High Income Bond Fund\*
- % Neuberger Berman NVIT Multi Cap Opportunities Fund
- % Neuberger Berman NVIT Socially Responsible Fund
- % NVIT Cardinal<sup>SM</sup> Aggressive Fund
- % NVIT Cardinal<sup>SM</sup> Balanced Fund
- % NVIT Cardinal<sup>SM</sup> Capital Appreciation Fund
- % NVIT Cardinal<sup>SM</sup> Conservative Fund
- % NVIT Cardinal<sup>SM</sup> Moderate Fund
- % NVIT Cardinal<sup>SM</sup> Moderately Aggressive Fund
- % NVIT Cardinal<sup>SM</sup> Moderately Conservative Fund
- % NVIT Core Bond Fund
- % NVIT Core Plus Bond Fund
- % NVIT Emerging Markets Fund\*
- % NVIT Government Bond Fund
- % NVIT International Equity Fund\*
- % NVIT International Index Fund\*
- % NVIT Investor Dest. Aggressive Fund
- % NVIT Investor Dest. Balanced Fund
- % NVIT Investor Dest. Capital Appreciation Fund
- % NVIT Investor Dest. Conservative Fund
- % NVIT Investor Dest. Moderate Fund
- % NVIT Investor Dest. Moderately Aggressive Fund
- % NVIT Investor Dest. Moderately Conservative Fund
- % NVIT Mid Cap Index Fund
- % NVIT Money Market Fund

- % NVIT Multi-Manager International Growth Fund\*
   % NVIT Multi-Manager International Value
- Fund\*
- % NVIT Multi-Manager Large Cap Growth Fund
- % NVIT Multi-Manager Large Cap Value Fund
- % NVIT Multi-Manager Mid Cap Growth Fund
- % NVIT Multi-Manager Mid Cap Value Fund
- % NVIT Multi-Manager Small Cap Growth Fund
- % NVIT Multi-Manager Small Cap Glowtiff un
- % NVIT Multi-Manager Small Cap Value Fund % NVIT Multi-Manager Small Company Fund
- % NVIT Multi Sector Bond Fund
- % NVIT Nationwide Fund
- % NVIT Real Estate Fund
- % NVIT Short Term Bond Fund
- % Oppenheimer NVIT Large Cap Growth Fund
- % Templeton NVIT International Value Fund\*
- % Van Kampen NVIT Comstock Value Fund

#### **Neuberger Berman Advisers Management Trust**

% Neuberger Berman AMT Short Duration Bond Portfolio

#### **Oppenheimer Variable Account Funds**

- % Oppenheimer Global Securities Fund/VA\*
- % Oppenheimer Main Street® Fund/VA
- % Oppenheimer Main Street Small- & Mid-Cap Fund®/VA

#### PIMCO Variable Insurance Trust

- % PIMCO VIT Foreign Bond Portfolio (unhedged)
- % PIMCO VIT Low Duration Portfolio
- % PIMCO VIT Total Return Portfolio

#### T. Rowe Price Equity Series, Inc.

% T. Rowe Price Health Sciences Portfolio

#### Van Eck VIPT

% Van Eck VIPT Global Hard Assets Fund\*

#### **Wells Fargo Advantage Variable Trust**

Wells Fargo Advantage VT Small Cap Growth Fund

#### MVA/Guar. Term Option (GTO) Not avail. in WA

**\$1,000 minimum** for each MVA/GTO Option selected.

% 3 Year	% 7 Year
% 5 Voar	% 10 Voor

Total fund allocations must equal 100%.





### On this page, Section 6 must be completed and the contract owner MUST sign the application.

Please submit all pages of the application.



Page 6 of 7

#### 5. State Disclosures

**Notice to AK Residents Only:** The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties

**Notice to MN, ND, SC, and SD Residents Only:** Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuitization and would be in addition to the scheduled surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

**Notice to MA Residents Only:** You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

**Notice to MN Residents Only:** This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to WA Residents Only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

#### 6. Contract Owner Signatures and Authorizations

#### 6a. Replacement Information

	• • • •	1.6 .	•• • • •
I I VAC IXINA III	NALI BAVA AVICTIBA	a lita inclivan <i>c</i> a <i>i</i>	ar annility contracted
I IES MINU D	, vou nave existin	u ille ilisuralice i	or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

#### 6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not maturéd (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuitization (GTO/MVA not available in WA).

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

Contract Owner Must Sign Here: X John Q	Doe		
Joint Contract Owner Signature (if any	χ Jane M. Doe		
State In Which Application Was Signed	Anystate	Date:	October 10, 2011



7. Primary Registered Representative Information		
7a. Primary Registered Representative Replacement Information		
☐ Yes ☒ No Are you aware of any existing annuities or insurance o☐ Yes ☒ No Will the applied for Contract replace any existing life in	wned by nsurance	the applicant? or annuity contracts?
7b. Primary Registered Representative Information (Please print.)		
First Name: Thomas MI: A. Last Name: Moon	re	
Office Street Address: 456 Anystreet		
City: Anycity State: Anystate	ZIP: 12	2345
Phone: ( 555 ) 555-5555 Percentage 100	%	
E-mail: tmoore@abcbrokerage.com		
Broker/Dealer Name: ABC Brokerage		
SSN #: 321 - 45 - 6789 (Not required if broker and broker deal	er name ar	e printed clearly above.)
When the Registered Representative signs this application, he/she is agreeing to all to him/her as the Registered Representative.	the terms	and conditions applicable
Signature: X Thomas A Moore	Date:	October 10, 2011
Principal's Signature: X James P Smith	Date:	October 10, 2011
8. Additional Registered Representative Information		
8a. Additional Registered Representative Replacement Informati	on	
☐ Yes ☐ No Will the applied for Contract replace any existing life in	wned by	the applicant? or annuity contracts?
8b. Additional Registered Representative Information (Please print	·.)	
First Name: MI: Last Name:		
Office Street Address:		
City: State:	ZIP:	
Phone: ( ) Percentage	%	
E-mail:		
Broker/Dealer Name:		
SSN #: (Not required if broker and broker deal	er name ar	e printed clearly above.)
When the Registered Representative signs this application, he/she is agreeing to all to him/her as the Registered Representative.	the terms	and conditions applicable
Signature: X	Date:	
Principal's Signature: X	Date:	

#### **Nationwide Life Insurance Company**

P.O. Box[182021] Columbus, OH[43218-2021] [1-800-321-6064]

#### [ Nationwide Destination<sup>SM</sup> L ]

Nationwide Destination is a service mark of Nationwide Mutual Insurance Company

Application for

### Individual Flexible Purchase Payment Variable Deferred Annuity

Minimum Initial Purchase Payment of \$10,000

Page 1 of 8

DC, IA, IL, NH, NV, and WA: The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

rties to the Contract	Please print.
1a. Contract Owner	
First Name: John	MI: Q Last Name: Doe
Employer/Trust Name (if applicable	
	(Additional forms required. See the New Business enrollment packet.)
Date of Birth: 01/01/1956	Sex: M M F Soc. Sec. No. or Tax ID: 1 2 3 4 5 6 7 8
Street: 123 Anystreet	
City: Anycity	State: Anystate ZIP: 12345
E-mail Address: jdoe@abccompa	ny.com Daytime Phone Number: ( 222 ) 222-2222
1b. Joint/Contingent Owne	r
	ner (Limited to spouses, except in Hl.) ent Owner (Available only with Non-Qualified Contracts.)
First Name: Jane	MI: M Last Name: Doe
Date of Birth: 12/01/1961	Sex: □ M ☑ F Soc. Sec. No. or Tax ID: 987 - 65 - 4321
Address: Same address as ow	
City:	State: ZIP:
	different from Contract Owner. (Annuitant must be age 85 or younger.)
First Name:	MI: Last Name:
Relationship to Contract Owner:	MI. Lust Name.
Date of Birth:	Sex: □M □F Soc. Sec. No. or Tax ID:
_	
Address: Same address as ow	
City:	State: ZIP:
E-mail Address:	Daytime Phone Number: ( )
<b>(Charitable Remainder Trust).</b> Mu Primary Beneficiaries. When the Cor Owner and Annuitant be the same p	<b>Annuitant</b> No added charge, part of the death benefit. <b>Not available with CRTs</b> st be age 85 or younger. With Spousal Protection, both spouses will automatically be tract Owner named in section 1a. is a natural owner, this feature requires that the Corerson.
Same as Joint Owner	
First Name:	MI: Last Name:
Date of Birth:	Sex: M F Soc. Sec. No. or Tax ID:
Address: Same address as ow	ner Street:
- I	State: ZIP:

# On this page, elect contingent annuitant or elect the beneficiaries. Please submit all pages of the application.

Page 2 of 8

le. Contingent Annuitant (Must be age 85 or yo	ounger.)	
irst Name:	MI: Last Name:	
Date of Birth: Sex: M	☐ F Soc. Sec. No. or T	ax ID:
Address: Same address as owner Street:		
City:	State:	ZIP:
If. Beneficiaries Allocation to all Primary Beneficiar Providing your beneficiaries social ensure that Nationwide can proper of the Instead only provide your contingent beneficiaries By designating your spouse as a primary beneficiaries (section 1d), Nationwide will automatically add the Protection feature, please check the box below.   I do not wish to add the Spousal Protection	I security numbers (SSN) erly identify your beneficions of the spouses estion 1d), both spouses estion 1d), both spouses early AND not completing the Spousal Protection fed	will help expedite beneficiary claims and will aries. will automatically be primary beneficiaries. Spousal Protection/Co-Annuitant ature. If you do not want the Spousal
Primary Beneficiaries   Pay a	all Primary Beneficiaries	equally
Legal First Name: John	MI: Q Last Name	: Doe
Relationship to Annuitant: Self		Allocation (whole % only): 100 %
SSN #: 123 - 45 - 6789	Sex: ☑M □F	Date of Birth: 01/01/1956
Address: 🛛 Same address as owner Street:		
City:	State:	ZIP:
Legal First Name: Jane	MI: M Last Name	: Doe
Relationship to Annuitant: Wife		Allocation (whole % only): 100 %
SSN #: 987 <sup>-</sup> 65 <sup>-</sup> 4321	Sex: ☐M 🖫 F	Date of Birth: 12/01/1961
Address: 😡 Same address as owner Street:		
City:	State:	ZIP:
Contingent Beneficiaries	all Contingent Beneficia	ries equally
Legal First Name:	MI: Last Name	:
Relationship to Annuitant:		Allocation (whole % only): %
SSN #:	Sex: □M □F	Date of Birth:
Address: ☐ Same address as owner Street:		
City:	State:	ZIP:
Legal First Name:	MI: Last Name	:
Relationship to Annuitant:		Allocation (whole % only): %
SSN #:	Sex: □M □F	Date of Birth:
Address: ☐ Same address as owner Street:		
City:	State:	ZIP:
f more than two Reneficiaries list additional names on t	the Additional Reneficiari	ies form (in New Rusiness Enrollment Packet)

# On this page, select the contract type, disclose the purchase payment amount, and add the transfer authorization. Please submit all pages of the application.

Page 3 of 8

A. Contract Type Must specify by checking a box.  Non-Qualified Beneficially Owned Non-Qualified*  CRT* (Charitable Remainder Trust)  Traditional IRA – Tax Year:  Beneficially Owned/Inherited IRA*  Custodial Owned IRA  Roth IRA – Tax Year:  Tax Year Roth IRA started:  Beneficially Owned/Inherited Roth IRA*  SIMPLE IRA*  SEP IRA*  401(k)*  401(a)* (Investment Only)  Idditional forms required.  b. Purchase Payment  proximate Amount:  S 10,000	
Beneficially Owned Non-Qualified*  CRT* (Charitable Remainder Trust)  Traditional IRA – Tax Year:  Beneficially Owned/Inherited IRA*  Custodial Owned IRA  Roth IRA – Tax Year:  Tax Year Roth IRA started:  Beneficially Owned/Inherited Roth IRA*  SIMPLE IRA*  SEP IRA*  401(a)* (Investment Only)  Idditional forms required.  b. Purchase Payment  Deproximate Amount:  5 10,000 (\$10,000 initial minimum.)  Syment Submitted Via:  C. Transfer Authorization for Registered Representative  By checking this box, you have authorized and directed Nationwide to accept instructions from the Registe expresentative signing this application to execute exchanges among the investment options available under didor to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative Representative for administrative/processing purposes. This power is not available for use by any panization providing any type of market-timing advice or service. Nationwide may revoke the authority of the presentative to act on your behalf at any time by written notification to you. the box above is checked, your signature and the Registered Representatives of your estates and your success assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given withority described above. You and the Registered Representative also agree to jointly and severally indemnife thority described above. You and the Registered Representative also agree to jointly and severally indemnife thority described above. You and the Registered Representative also agree to jointly and severally indemnife thority described above. You and the Registered Representative also agree to jointly and severally indemnife.	
CRT* (Charitable Remainder Trust)  Traditional IRA – Tax Year:  Beneficially Owned/Inherited IRA*  Custodial Owned IRA  Roth IRA – Tax Year:  Beneficially Owned/Inherited Roth IRA*  SIMPLE IRA*  SIMPLE IRA*  401(a)* (Investment Only)  Idditional forms required.  b. Purchase Payment  proximate Amount:  \$ 10,000	
Traditional IRA – Tax Year:  Beneficially Owned/Inherited IRA*  Custodial Owned IRA  Roth IRA – Tax Year:  Beneficially Owned/Inherited Roth IRA*  SIMPLE IRA*  SIMPLE IRA*  401(k)*  401(a)* (Investment Only)  Idditional forms required.  b. Purchase Payment  proximate Amount:  \$ 10,000	
Beneficially Owned/Inherited IRA*  Custodial Owned IRA  Roth IRA – Tax Year:	
Custodial Owned IRA  Roth IRA – Tax Year:	
Beneficially Owned/Inherited Roth IRA*  SIMPLE IRA*  SEP IRA*  401(k)*  401(a)* (Investment Only)  Additional forms required.  b. Purchase Payment  proximate Amount: \$ 10,000	
Beneficially Owned/Inherited Roth IRA*  SIMPLE IRA*  SEP IRA*  401(k)*  401(a)* (Investment Only)  ***********************************	
SIMPLE IRA*  401(k)*  401(a)* (Investment Only)  Additional forms required.  b. Purchase Payment  proximate Amount: \$ 10,000	
SEP IRA*  401(a)* (Investment Only)  Additional forms required.  b. Purchase Payment  peroximate Amount: \$ 10,000 (\$10,000 initial minimum.)  syment Submitted Via:  Check   Wire   1035(a) Exchange*   Transfer/Rollover*  additional forms required. Please see the New Business Enrollment Packet.  c. Transfer Authorization for Registered Representative  By checking this box, you have authorized and directed Nationwide to accept instructions from the Register ed Payments on your behalf. This power is personal to the Registered Representative signing this application to execute exchanges among the investment options available under addor to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative and providing any type of market-timing advice or service. Nationwide may revoke the authority of the box above is checked, your signature and the Registered Representatives signature at the end of this appresents agreement for yours signature and the Registered Representatives of your estates and your success assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given on thority described above. You and the Registered Representative also agree to jointly and severally indemnification in the registered Representative also agree to jointly and severally indemnification to provide and the Registered Representative also agree to jointly and severally indemnification to make the providence of the registered Representative also agree to jointly and severally indemnification to make the registered Representative also agree to jointly and severally indemnification to make the registered Representative also agree to jointly and severally indemnification to make the registered Representative also agree to jointly and severally indemnification to make the registered Representative also agree to jointly and severally indemnification to the registered Representative also agree to jointly and severally indemnification to the registered R	
401(a)* (Investment Only)  ***dditional forms required.**  **Deproximate Amount: \$ 10,000	
Additional forms required.  b. Purchase Payment  peroximate Amount: \$ 10,000 (\$10,000 initial minimum.)  syment Submitted Via: \( \text{\text{\text{\text{Monor}}} \) Check \( \text{\text	
b. Purchase Payment  pproximate Amount: \$ 10,000	
b. Purchase Payment  pproximate Amount: \$ 10,000	
pproximate Amount: \$ 10,000	
pproximate Amount: \$ 10,000	
syment Submitted Via: \( \text{ Check } \subseteq \text{ Wire } \subseteq 1035(a) Exchange* \( \text{ Transfer/Rollover*} \)  **Additional forms required. Please see the New Business Enrollment Packet.**  **C. Transfer Authorization for Registered Representative*  By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered representative signing this application to execute exchanges among the investment options available under ad/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative and the Registered Representative for administrative/processing purposes. This power is not available for use by any paganization providing any type of market-timing advice or service. Nationwide may revoke the authority of the expresentative to act on your behalf at any time by written notification to you.  The box above is checked, your signature and the Registered Representatives signature at the end of this appresents agreement for yourselves, your heirs and the legal representatives of your estates and your success assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given on the original process.	
C. Transfer Authorization for Registered Representative  By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under addor to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative for administrative/processing purposes. This power is not available for use by any paganization providing any type of market-timing advice or service. Nationwide may revoke the authority of the box above is checked, your signature and the Registered Representatives signature at the end of this appresents agreement for yourselves, your heirs and the legal representatives of your estates and your success assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given on thority described above. You and the Registered Representative also agree to jointly and severally indemnification.	
C. Transfer Authorization for Registered Representative  By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under addor to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative for administrative/processing purposes. This power is not available for use by any paganization providing any type of market-timing advice or service. Nationwide may revoke the authority of the box above is checked, your signature and the Registered Representatives signature at the end of this appresents agreement for yourselves, your heirs and the legal representatives of your estates and your success assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given on thority described above. You and the Registered Representative also agree to jointly and severally indemnification.	
Expresentative Supresentative Supresentative By checking this box, you have authorized and directed Nationwide to accept instructions from the Register expresentative signing this application to execute exchanges among the investment options available under ad/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Reput may be delegated by written notification to Nationwide and only to individuals employed or under control egistered Representative for administrative/processing purposes. This power is not available for use by any paganization providing any type of market-timing advice or service. Nationwide may revoke the authority of the presentative to act on your behalf at any time by written notification to you.  The box above is checked, your signature and the Registered Representatives signature at the end of this appresents agreement for yourselves, your heirs and the legal representatives of your estates and your success assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given on thority described above. You and the Registered Representative also agree to jointly and severally indemnification to the province of the province	
By checking this box, you have authorized and directed Nationwide to accept instructions from the Register expresentative signing this application to execute exchanges among the investment options available under addor to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Report may be delegated by written notification to Nationwide and only to individuals employed or under control egistered Representative for administrative/processing purposes. This power is not available for use by any paganization providing any type of market-timing advice or service. Nationwide may revoke the authority of the expresentative to act on your behalf at any time by written notification to you.  The box above is checked, your signature and the Registered Representatives signature at the end of this appresents agreement for yourselves, your heirs and the legal representatives of your estates and your success assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given on thority described above. You and the Registered Representative also agree to jointly and severally indemnifications.	
presents agreement for yourselves, your heirs and the legal representatives of your estates and your success assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given u Ithority described above. You and the Registered Representative also agree to jointly and severally indemnif	your Cont resentativ ol of the person or
	sors in inte under the fy Nationv

## Complete this page if you want the L.inc Option. Please submit all pages of the application.

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#### **3. Contract Options** *Election of Options in this section increases the Variable Account charges on your contract.* Consult your prospectus. **3a.** I elect: ☑ The Nationwide Lifetime Income Rider® (L.inc) Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85. **Dollar Cost Averaging (DCA) with L.inc** ☐ 6-Month Enhanced DCA ☐ 12-Month Enhanced DCA If neither box is checked DCA will **not** be established. Select one or more funds from Box A, or one model from Box B. **B** Elect **one** option only. **100%** of the variable money in the A Whole percentages only. Must add up to 100%. contract will be allocated to option elected. American Funds NVIT Asset Allocation 50 **%** American Funds Option (34% American Funds Fund NVIT Growth-Income Fund, 33% American Funds % Fidelity VIP Freedom Fund 2010 Portfolio NVIT Asset Allocation Fund, 33% American Funds or **NVIT Bond Fund)** 50 % Fidelity VIP Freedom Fund 2020 Portfolio ☐ Nationwide Custom Portfolio NVIT Cardinal<sup>SM</sup> Conservative Fund % Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is NVIT Cardinal<sup>SM</sup> Moderately Conservative % ☐ located in the New Business Enrollment Packet. NVIT Cardinal<sup>SM</sup> Balanced Fund % % **NVIT Cardinal<sup>SM</sup> Moderate Fund** % NVIT Cardinal<sup>SM</sup> Capital Appreciation Fund **NVIT Investor Dest. Conservative Fund** % **NVIT Investor Dest. Moderately** % Please check the box which best describes Conservative Fund your anticipated use of this benefit. NVIT Investor Dest. Balanced Fund % ☐ Immediately ☐ In \_\_\_\_\_ years ☒ Not Sure % NVIT Investor Dest. Moderate Fund If you want to begin immediate income, you % NVIT Investor Dest. Capital Appreciation Fund must complete the L.inc Administrative form in the New Business Enrollment Packet. = 100% To elect asset rebalancing, please complete section 4a. **3b. Spousal Continuation Option** By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life (Spouse must be between the age of 45 and 85). This benefit will allow the income from Linc to continue to the Joint Determining Life after the death of the Determining Life. Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person. Not available with CRT (Charitable Remainder Trust) contracts. Spousal Continuation Benefit ☐ Same as Co-Annuitant Jane Doe M First Name: MI: Last Name: 987- 65 - 4321 12/01/1961 Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID: Date of Birth:

## Complete this page if you want an Enhanced Death Benefit, the Beneficiary Protector II Option, Asset Rebalancing, or DCA.

#### Please submit all pages of the application.



elect (choose only one): Standard Death Benefit Sone-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.) One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 75 or younger.) Combination Enhanced Death Benefit II - Greater of One-Year/5% Interest (Annuitant/Co Annuitant, age 75 or younger.) Not available in WA.  Bd. Beneficiary Protector II Not available in ND and WA. elect: Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)  estment Options  la. Asset Rebalancing The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless		ption is not elected, we	will default to the Standard Dea	ith Benefit.
estment Options  la. Asset Rebalancing The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless ubsequently changed.  Quarterly Semi-Annually Annually    Annually   Annually   Annually   Annually    Bb. Dollar Cost Averaging (DCA) – DCA these allocations from: (Choose only one Option.)   On not complete this section if you selected DCA with L.inc in section 3a.   6-month Enhanced   12-month Enhanced   Interest Averaging Monthly: Dollar Amount to DCA   S   Not available with L.inc     Standard Account Monthly: Dollar Amount to DCA   S   Not available with L.inc     NVIT Money Market Fund   Neuberger Berman Advisers Management Trust   AMT Short Duration Bond Portfolio   NVIT Short Term Bond Fund   PIMCO VIT Low Duration Portfolio   NVIT Core Bond Fund	☑ One-Year Enh ☐ One-Month E ☐ Combination	th Benefit anced Death Benefit (A nhanced Death Benefit Enhanced Death Benefi	nnuitant/Co-Annuitant, age 80 (Annuitant/Co-Annuitant, age fit II - Greater of One-Year/5% I	or younger.) 75 or younger.)
Asset Rebalancing The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless ubsequently changed.    Quarterly	3d. Beneficiary Protector II Not a	vailable in ND and W		
Ha. Asset Rebalancing The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless ubsequently changed.  Quarterly Semi-Annually Annually  Hb. Dollar Cost Averaging (DCA) – DCA these allocations from: (Choose only one Option.)  Do not complete this section if you selected DCA with L.inc in section 3a.  6-month Enhanced  12-month Enhanced  Interest Averaging Monthly Not available with L.inc  Standard Account Monthly: Dollar Amount to DCA   Standard Account Monthly: Dollar Amount to DCA   Not available with L.inc  Choose only one fund.)  Fixed Account  NVIT Money Market Fund  Neuberger Berman Advisers Management Trust  AMT Short Duration Bond Portfolio  NVIT Short Term Bond Fund  PIMCO VIT Low Duration Portfolio  NVIT Core Bond Fund	elect: ☐ Beneficiary Protector II (Annuitan	ıt/Co-Annuitant, age 75	or younger.)	
Ha. Asset Rebalancing The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless ubsequently changed.  Quarterly Semi-Annually Annually  Hb. Dollar Cost Averaging (DCA) – DCA these allocations from: (Choose only one Option.)  Do not complete this section if you selected DCA with L.inc in section 3a.  6-month Enhanced  12-month Enhanced  Interest Averaging Monthly Not available with L.inc  Standard Account Monthly: Dollar Amount to DCA   Standard Account Monthly: Dollar Amount to DCA   Not available with L.inc  Choose only one fund.)  Fixed Account  NVIT Money Market Fund  Neuberger Berman Advisers Management Trust  AMT Short Duration Bond Portfolio  NVIT Short Term Bond Fund  PIMCO VIT Low Duration Portfolio  NVIT Core Bond Fund				
In the variable fund purchase payment allocations elected on the application at the frequency selected below unless ubsequently changed.    Quarterly	estment Options			
Ab. Dollar Cost Averaging (DCA) — DCA these allocations from: (Choose only one Option.)  Do not complete this section if you selected DCA with L.inc in section 3a.  6-month Enhanced  12-month Enhanced  Interest Averaging Monthly Not available with L.inc  Standard Account Monthly: Dollar Amount to DCA \$  Not available with L.inc  Choose only one fund.)  Fixed Account  NVIT Money Market Fund  Neuberger Berman Advisers Management Trust  AMT Short Duration Bond Portfolio  NVIT Short Term Bond Fund  PIMCO VIT Low Duration Portfolio  NVIT Core Bond Fund				
Go not complete this section if you selected DCA with L.inc in section 3a.	☐ Quarterly ☐ Semi-A	nnually $\square$ Ar	nually	
Go not complete this section if you selected DCA with L.inc in section 3a.	4b Dollar Cost Averaging (DCA)	- DCA these allocations	from: (Choose only one Ontion	2)
6-month Enhanced  12-month Enhanced Interest Averaging Monthly Not available with L.inc Standard Account Monthly: Dollar Amount to DCA Fixed Account NVIT Money Market Fund Neuberger Berman Advisers Management Trust AMT Short Duration Bond Portfolio NVIT Short Term Bond Fund PIMCO VIT Low Duration Portfolio NVIT Core Bond Fund				1.)
☐ 12-month Enhanced ☐ Interest Averaging Monthly Not available with L.inc ☐ Standard Account Monthly: Dollar Amount to DCA \$ Choose only one fund.) ☐ Fixed Account ☐ NVIT Money Market Fund ☐ Neuberger Berman Advisers Management Trust   AMT Short Duration Bond Portfolio ☐ NVIT Short Term Bond Fund ☐ PIMCO VIT Low Duration Portfolio ☐ NVIT Core Bond Fund	•	A DEA WITH LINE III SECT	ion sa.	
Interest Averaging Monthly Not available with L.inc  Standard Account Monthly: Dollar Amount to DCA   Choose only one fund.)  Fixed Account  NVIT Money Market Fund  Neuberger Berman Advisers Management Trust AMT Short Duration Bond Portfolio  NVIT Short Term Bond Fund  PIMCO VIT Low Duration Portfolio  NVIT Core Bond Fund				
Standard Account Monthly: Dollar Amount to DCA   Choose only one fund.)  Fixed Account  NVIT Money Market Fund  Neuberger Berman Advisers Management Trust AMT Short Duration Bond Portfolio  NVIT Short Term Bond Fund  PIMCO VIT Low Duration Portfolio  NVIT Core Bond Fund		blowith Line		
Choose only one fund.)  Fixed Account  NVIT Money Market Fund  Neuberger Berman Advisers Management Trust AMT Short Duration Bond Portfolio  NVIT Short Term Bond Fund  PIMCO VIT Low Duration Portfolio  NVIT Core Bond Fund	,		Not available with Line	
☐ Fixed Account ☐ NVIT Money Market Fund ☐ Neuberger Berman Advisers Management Trust    AMT Short Duration Bond Portfolio ☐ NVIT Short Term Bond Fund ☐ PIMCO VIT Low Duration Portfolio ☐ NVIT Core Bond Fund		unt to DCA \$	Not available with L.inc	
<ul> <li>□ NVIT Money Market Fund</li> <li>□ Neuberger Berman Advisers Management Trust         AMT Short Duration Bond Portfolio</li> <li>□ NVIT Short Term Bond Fund</li> <li>□ PIMCO VIT Low Duration Portfolio</li> <li>□ NVIT Core Bond Fund</li> </ul>	•			
<ul> <li>□ Neuberger Berman Advisers Management Trust</li> <li>AMT Short Duration Bond Portfolio</li> <li>□ NVIT Short Term Bond Fund</li> <li>□ PIMCO VIT Low Duration Portfolio</li> <li>□ NVIT Core Bond Fund</li> </ul>				
AMT Short Duration Bond Portfolio  NVIT Short Term Bond Fund PIMCO VIT Low Duration Portfolio NVIT Core Bond Fund	•	agement Trust		
☐ PIMCO VIT Low Duration Portfolio ☐ NVIT Core Bond Fund				
☐ NVIT Core Bond Fund	☐ NVIT Short Term Bond Fund			
	☐ PIMCO VIT Low Duration Portfolio			
□ NVIT Government Bond Fund	☐ NVIT Core Bond Fund			
	☐ NVIT Government Bond Fund			



Funds designated by an \* may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

#### Must be whole percentages and must add up to 100%.

#### AllianceBernstein <u>Variable</u> Products Series Fund, Inc.

% AllianceBernstein VPS Small/Mid Cap Value Portfolio

#### American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

#### American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

#### BlackRock Variable Series Funds, Inc.

% BlackRock Global Allocation V.I. Fund

#### Drevfus

- % Dreyfus IP Small Cap Stock Index Portfolio
- % Dreyfus Stock Index Fund, Inc.
- % Dreyfus VIF Appreciation Portfolio

#### **Fidelity Variable Insurance Products Fund**

- % Fidelity VIP Energy Portfolio\*
- % Fidelity VIP Equity-Income Portfolio
- % Fidelity VIP Freedom Fund 2010 Portfolio
- % Fidelity VIP Freedom Fund 2020 Portfolio
- % Fidelity VIP Freedom Fund 2030 Portfolio
- % Fidelity VIP Growth Portfolio
- % Fidelity VIP Investment Grade Bond Portfolio
- % Fidelity VIP Mid Cap Portfolio
- % Fidelity VIP Overseas Portfolio\*

### Franklin Templeton Variable Insurance Products Trust

- % Franklin Templeton VIPT Founding Funds Allocation Fund
- % Franklin Templeton VIPT Global Bond Securities Fund\*
- % Franklin Templeton VIPT Income Securities Fund
- % Franklin VIPT Small Cap Value Securities Fund

#### **Huntington Variable Annuity Funds**

- % Huntington VA International Equity Fund
- % Huntington VA Situs Fund

#### **Invesco Variable Insurance Funds**

% Invesco V.I. Capital Development Fund

#### Ivy Funds Variable Insurance Portfolios, Inc.

% Ivy Funds VIP Asset Strategy

VAA-0118AO.3

#### **Janus Aspen Series**

- % Janus Aspen Series Forty Portfolio
- % Janus Aspen Series Global Technology Portfolio\*
- % Janus Aspen Series Overseas Portfolio\*

#### MFS® Variable Insurance Trust

% MFS VIT Value Series

#### MFS® Variable Insurance Trust II

% MFS VIT International Value Portfolio

#### Nationwide Variable Insurance Trust (NVIT)

- % American Century NVIT Growth Fund
- % American Century NVIT Multi Cap Value Fund
- % American Funds NVIT Asset Allocation Fund
- % American Funds NVIT Bond Fund
- % American Funds NVIT Global Growth Fund
- % American Funds NVIT Growth Fund
- % American Funds NVIT Growth-Income Fund
- % Federated NVIT High Income Bond Fund\*
- % Neuberger Berman NVIT Multi Cap Opportunities Fund
- % Neuberger Berman NVIT Socially Responsible Fund
- % NVIT Cardinal<sup>SM</sup> Aggressive Fund
- % NVIT Cardinal<sup>SM</sup> Balanced Fund
- % NVIT Cardinal<sup>SM</sup> Capital Appreciation Fund
- % NVIT Cardinal<sup>SM</sup> Conservative Fund
- % NVIT Cardinal<sup>SM</sup> Moderate Fund
- % NVIT Cardinal<sup>SM</sup> Moderately Aggressive Fund
- % NVIT Cardinal<sup>™</sup> Moderately Conservative Fund
- % NVIT Core Bond Fund
- % NVIT Core Plus Bond Fund
- % NVIT Emerging Markets Fund\*
- % NVIT Government Bond Fund
- % NVIT International Equity Fund\*
- % NVIT International Index Fund\*
- % NVIT Investor Dest. Aggressive Fund
- % NVIT Investor Dest. Balanced Fund
- % NVIT Investor Dest. Capital Appreciation Fund
- % NVIT Investor Dest. Conservative Fund
- % NVIT Investor Dest. Moderate Fund
- % NVIT Investor Dest. Moderately Aggressive Fund
- % NVIT Investor Dest. Moderately Conservative
- % NVIT Mid Cap Index Fund
- % NVIT Money Market Fund

- % NVIT Multi-Manager International Growth Fund\*
- % NVIT Multi-Manager International Value Fund\*
- % NVIT Multi-Manager Large Cap Growth Fund
- % NVIT Multi-Manager Large Cap Value Fund
- % NVIT Multi-Manager Mid Cap Growth Fund
- % NVIT Multi-Manager Mid Cap Value Fund
- % NVIT Multi-Manager Small Cap Growth Fund
- % NVIT Multi-Manager Small Cap Value Fund
- % NVIT Multi-Manager Small Company Fund
- % NVIT Multi Sector Bond Fund
- % NVIT Nationwide Fund
- % NVIT Real Estate Fund
- % NVIT Short Term Bond Fund
- % Oppenheimer NVIT Large Cap Growth Fund
- % Templeton NVIT International Value Fund\*
- % Van Kampen NVIT Comstock Value Fund

#### Neuberger Berman Advisers Management Trust

% Neuberger Berman AMT Short Duration Bond Portfolio

#### **Oppenheimer Variable Account Funds**

- % Oppenheimer Global Securities Fund/VA\*
- % Oppenheimer Main Street® Fund/VA
- % Oppenheimer Main Street Small- & Mid-Cap Fund®/VA

#### **PIMCO Variable Insurance Trust**

- % PIMCO VIT Foreign Bond Portfolio (unhedged)
- % PIMCO VIT Low Duration Portfolio
- % PIMCO VIT Total Return Portfolio

#### T. Rowe Price Equity Series, Inc.

% T. Rowe Price Health Sciences Portfolio

#### Van Eck VIPT

% Van Eck VIPT Global Hard Assets Fund\*

#### **Wells Fargo Advantage Variable Trust**

% Wells Fargo Advantage VT Small Cap Growth Fund

#### Nationwide Life Insurance Company

% Fixed Account

Total fund allocations must equal 100%.



# On this page, Section 6 must be completed and the contract owner MUST sign the application. Please submit all pages of the application.



#### 5. State Disclosures

**Notice to AK Residents Only:** The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

**Notice to MN, ND, SC and SD Residents Only:** Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

**Notice to MA Residents Only:** You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

**Notice to MN Residents Only:** This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

**Notice to DC Residents Only: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to WA Residents Only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

#### **6. Contract Owner Signatures and Authorizations**

#### 6a. Replacement Information

- ☐ Yes ☒ No Do you have existing life insurance or annuity contracts?
- ☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

#### 6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to individuals. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide. I hereby acknowledge that I do not represent a corporate entity or institutional investor. I hereby acknowledge that I am purchasing this contract for myself and that I do not intend to immediately assign any benefits under this contact to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

Contract Owner Must Sign Here: X  John Q.	Doe			
Joint Contract Owner Signature (if any): X Jane M. Doe				
State In Which Application Was Signed:	Anystate	Date:	October 10, 2011	



7. Primary Registered Representative I	Information				
7a. Primary Registered Representative	Replacement Information				
☐ Yes ☒ No Are you aware of any existi☐ Yes ☒ No Will the applied for Contrac	ng annuities or insurance ow t replace any existing life ins	ned by the applicant? surance or annuity contracts?			
7b. Primary Registered Representative	Information (Please print.)				
First Name: Thomas	MI: A. Last Name: Moore				
Office Street Address: 456 Anystreet					
City: Anycity	State: Anystate	ZIP: 12345			
Phone: ( 555 ) 555-5555	Percentage 100 %	6			
E-mail: tmoore@abcbrokerage.com					
Broker/Dealer Name: ABC Brokerage					
SSN #: 321 - 45 - 6789 (Not	required if broker and broker dealer	name are printed clearly above.)			
When the Registered Representative signs this ap to him/her as the Registered Representative.	plication, he/she is agreeing to all tl	ne terms and conditions applicable			
Signature: X Thomas A Moore		Date: October 10, 2011			
Principal's Signature: X James P Smith		Date: October 10, 2011			
8. Additional Registered Representativ	ve Information				
8a. Additional Registered Representati	ive Replacement Informatio	n			
☐ Yes ☐ No Are you aware of any existing annuities or insurance owned by the applicant? ☐ Yes ☐ No Will the applied for Contract replace any existing life insurance or annuity contracts?					
8b. Additional Registered Representati	ive Information (Please print.)				
First Name:	MI: Last Name:				
Office Street Address:					
City:	State:	ZIP:			
Phone: ( )	Percentage 9	6			
E-mail:					
Broker/Dealer Name:					
SSN #: (Not	required if broker and broker dealer	r name are printed clearly above.)			
When the Registered Representative signs this ap to him/her as the Registered Representative.	plication, he/she is agreeing to all tl	ne terms and conditions applicable			
Signature: X		Date:			

#### **Nationwide Life Insurance Company**

P.O. Box[182021] Columbus, OH[43218-2021] [1-800-321-6064]

#### [Nationwide Destination<sup>SM</sup> EV]

Nationwide Destination is a service mark of Nationwide Mutual Insurance Company

Application for

### Individual Flexible Purchase Payment Variable Deferred Annuity

Minimum Initial Purchase Payment of \$10,000 for Non-Qualified and CRTs; \$3,000 for Qualified

Page 1 of 8

[DC, IA, IL, NH, NV, and WA] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

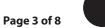
1a. Contract Owner	
First Name: John	MI: Q Last Name: Doe
Employer/Trust Name (if applicable): (Ad.	Iditional forms required. See the New Business enrollment packet.)
Date of Birth: 01/01/1956	Sex: ☒ M ☐ F Soc. Sec. No. or Tax ID: 1 2 3 4 5 6 7 8
Street: 123 Anystreet	
City: Anycity	State: Anystate ZIP: 12345
E-mail Address: jdoe@abccompany.com	m Daytime Phone Number: ( 222 ) 222-2222
	Limited to spouses, except in HI.) wner (Available only with Non-Qualified Contracts.)
First Name: Jane	MI: M Last Name: Doe
Date of Birth: 12/01/1961	Sex:         □ M ☑ F Soc. Sec. No. or Tax ID:         987 - 65 - 4321
Address: 🛛 Same address as owner	Street:
City:	State: ZIP:
1c. Annuitant Complete only if differen	ent from Contract Owner. (Annuitant must be age 85 or younger.)
First Name:	MI: Last Name:
Relationship to Contract Owner:	
Date of Birth:	Sex: □M □F Soc. Sec. No. or Tax ID:
Address: Same address as owner	Street:
City:	State: ZIP:
E-mail Address:	Daytime Phone Number: ( )
(Charitable Remainder Trust). Must be a Primary Beneficiaries. When the Contract Cowner and Annuitant be the same person Same as Joint Owner	
First Name:	MI: Last Name:
Date of Birth:	Sex: M F Soc. Sec. No. or Tax ID:

# On this page, elect contingent annuitant or elect the beneficiaries. Please submit all pages of the application.

Page 2 of 8

1e. Contingent Annuitant (Must be age 85 or you	unger.)			
First Name:	MI: Last Name:			
Date of Birth: Sex: M	□ F Soc. Sec. No. or Tax ID:			
Address: Same address as owner Street:				
City:	State: ZIP:			
1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%. Providing your beneficiaries social security numbers (SSN) will help expedite beneficiary claims and will ensure that Nationwide can properly identify your beneficiaries.  If you elected Spousal Protection/Co-Annuitant (section 1d), both spouses will automatically be primary beneficiaries. Instead only provide your contingent beneficiaries.  By designating your spouse as a primary beneficiary AND not completing Spousal Protection/Co-Annuitant (section 1d), Nationwide will automatically add the Spousal Protection feature. If you do not want the Spousal Protection feature, please check the box below.  □ I do not wish to add the Spousal Protection feature to my contract.				
Primary Beneficiaries	l Primary Beneficiaries equally			
Legal First Name: John	MI: Q Last Name: Doe			
Relationship to Annuitant: Self	Allocation (whole % only): 100 %			
SSN #: 123 - 45 - 6789	Sex: ☑ M ☐ F Date of Birth: 01/01/1956			
Address: 🛛 Same address as owner Street:				
City:	State: ZIP:			
Legal First Name: Jane	MI: M Last Name: Doe			
Relationship to Annuitant: Wife	Allocation (whole % only): 100 %			
SSN #: 987 <sup>-</sup> 65 <sup>-</sup> 4321	Sex: ☐ M ☑ F Date of Birth: 12/01/1961			
Address: 🖫 Same address as owner Street:				
City:	State: ZIP:			
Contingent Beneficiaries   Pay all Contingent Beneficiaries equally				
Legal First Name:	MI: Last Name:			
Relationship to Annuitant:	Allocation (whole % only): %			
SSN #:	Sex: □M □F Date of Birth:			
Address: ☐ Same address as owner Street:				
City:	State: ZIP:			
Legal First Name:	MI: Last Name:			
Relationship to Annuitant:	Allocation (whole % only): %			
SSN #:	Sex: □M □F Date of Birth:			
Address: ☐ Same address as owner Street:				
City:	State: ZIP:			
If more than two Beneficiaries, list additional names on th	ne Additional Beneficiaries form (in New Business Enrollment Packet).			

# On this page, select the contract type, disclose the purchase payment amount, and add the transfer authorization. Please submit all pages of the application.



2a. Contract Ty	<b>pe</b> Must specify by c	hecking a box.				
 ☑ Non-Qualified	•	J	_			
☐ Beneficially Owr	ned Non-Qualified*					
☐ CRT* (Charitable	Remainder Trust)					
☐Traditional IRA –	Tax Year:					
☐ Beneficially Owr	ned/Inherited IRA*					
☐ Custodial Owne	d IRA					
☐ Roth IRA – Tax Ye	ear: T	ax Year Roth IRA	started:			
☐ Beneficially Owr	ned/Inherited Roth IRA	<b>/</b> *				
☐ SIMPLE IRA*						
☐ SEP IRA*						
☐ 401(k)*						
☐ 401(a)* (Investm	ent Only)					
* Additional forms red	uired.					
2b. Purchase P	ayment					
	ount:   \$ 10,000		\$10,000 initial m \$3,000 for all oth	er contra		
•	d Via: 図Check □W	ire	\$3,000  for all oth $$3,000  for all oth$	er contra		
•		ire	\$3,000  for all oth $$3,000  for all oth$	er contra		
* Additional forms red	d Via: ☑ Check ☐ W nuired. Please see the New	ire 1035(a) Ex	\$3,000 for all oth kchange* □Transfer nt Packet.	er contra		
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*Additional forms red  2c. Transfer Au  By checking this Representative sign and/or to allocate a but may be delegan Registered Represe organization provio Representative to a If the box above is ore represents agreeme or assigns to release authority described	thorization for Rebox, you have authorization to any future Purchase Payted by written notificate ntative for administrating any type of marked to nyour behalf at another the ct on your behalf at another the ct on your signaturent for yourselves, you and hold harmless Note above. You and the Reference of the second process of the control of the second process of the control of the control of the second process of the control of the contr	ire 1035(a) Express Enrollment and directed execute exchangements on your between the Nationwide ive/processing pet-timing advice on the Register heirs and the legationwide from a egistered Represser	stander all other change* ☐ Transferent Packet.  Presentative  Nationwide to accept ges among the invest behalf. This power is ple and only to individing urposes. This power is preservice. Nationwide in notification to you.  Pered Representatives of any and all liability in rentative also agree to	t instruction ment optioners and available may revoke signature at your estate reliance on i	ns from the Registers available under the Registered Replyed or under controlle for use by any let the authority of the end of this ages and your successinstructions given severally indemni	ered your Con resentativ ol of the person or the Regist oplication sors in int under the

# Complete this page if you want the L.inc Option. Please submit all pages of the application.

Page 4 of 8

#### **3. Contract Options** *Election of Options in this section increases the Variable Account charges on your contract.* Consult your prospectus. **3a.** I elect: ☑ The Nationwide Lifetime Income Rider® (L.inc) Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85. **Dollar Cost Averaging (DCA) with L.inc** ☐ 6-Month Enhanced DCA □ 12-Month Enhanced DCA If neither box is checked DCA will **not** be established. Select one or more funds from Box A, or one model from Box B. **B** Elect **one** option only. **100%** of the variable money in the A Whole percentages only. Must add up to 100%. contract will be allocated to option elected. American Funds NVIT Asset Allocation 50 **%** Fund American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds % Fidelity VIP Freedom Fund 2010 Portfolio NVIT Asset Allocation Fund, 33% American Funds or **NVIT Bond Fund)** 50 % Fidelity VIP Freedom Fund 2020 Portfolio ☐ Nationwide Custom Portfolio % NVIT Cardinal<sup>SM</sup> Conservative Fund Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is NVIT Cardinal<sup>SM</sup> Moderately Conservative located in the New Business Enrollment Packet. % Fund % NVIT Cardinal<sup>SM</sup> Balanced Fund **NVIT Cardinal<sup>SM</sup> Moderate Fund** % NVIT Cardinal<sup>SM</sup> Capital Appreciation Fund % **NVIT Investor Dest. Conservative Fund** % **NVIT Investor Dest. Moderately** Please check the box which best describes % Conservative Fund your anticipated use of this benefit. ☐ Immediately ☐ In \_\_\_\_\_ years ☒ Not Sure **NVIT Investor Dest. Balanced Fund** % **NVIT Investor Dest. Moderate Fund** % If you want to begin immediate income, you NVIT Investor Dest. Capital Appreciation Fund % must complete the L.inc Administrative form in the New Business Enrollment Packet. = 100% To elect asset rebalancing, please complete section 4a. **3b. Spousal Continuation Benefit** By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life (Spouse must be between the age of 45 and 85). This benefit will allow the income from Linc to continue to the Joint Determining Life after the death of the Determining Life. Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life will be named as sole Primary Beneficiaries. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person. Not available with CRT (Charitable Remainder Trust) contracts. **☒** Spousal Continuation Benefit ☐ Same as Co-Annuitant Doe Jane Last Name: First Name: 987- 65 -432112/01/1961 Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID: Date of Birth:

# Complete this page if you want an Enhanced Death Benefit, the Beneficiary Protector II Option, Asset Rebalancing, or DCA.

Please submit all pages of the application.

Page 5 of 8

I elect (choose only one): Standard Death Benefit  One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)  One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 75 or younger.)  Combination Enhanced Death Benefit II - Greater of One-Year/5% Interest (Annuitant/Co Annuitant, age 75 or younger.) Not available in WA.  3d. Beneficiary Protector II Not available in ND and WA.
3d. Beneficiary Protector II Not available in ND and WA.
I elect: ☐ Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)
. Investment Options
<b>4a. Asset Rebalancing</b> The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless subsequently changed.
☐ Quarterly ☐ Semi-Annually ☐ Annually
4b. Dollar Cost Averaging (DCA) – DCA these allocations from: (Choose only one Option.)
Do not complete this section if you selected DCA with L.inc in section 3a.
□ 6-month Enhanced
□ 12-month Enhanced
☐ Interest Averaging Monthly <i>Not available with L.inc</i>
☐ Standard Account Monthly: Dollar Amount to DCA \$ Not available with L.inc (Choose only one fund.)
☐ Fixed Account
□ NVIT Money Market Fund
☐ Neuberger Berman Advisers Management Trust
AMT Short Duration Bond Portfolio
NVIT Short Term Bond Fund
☐ PIMCO VIT Low Duration Portfolio
□ NVIT Core Bond Fund
NVIT Government Bond Fund



## **4c. Purchase Payment Allocation and Disclosures**

Funds designated by an \* may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

### Must be whole percentages and must add up to 100%.

#### AllianceBernstein Variable Products Series Fund, Inc.

% AllianceBernstein VPS Small/Mid Cap Value Portfolio

### American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

### American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

#### BlackRock Variable Series Funds, Inc.

% BlackRock Global Allocation V.I. Fund

#### Dreyfus

- % Dreyfus IP Small Cap Stock Index Portfolio
- % Dreyfus Stock Index Fund, Inc.
- % Dreyfus VIF Appreciation Portfolio

### Fidelity Variable Insurance Products Fund

- % Fidelity VIP Energy Portfolio\*
- % Fidelity VIP Equity-Income Portfolio
- % Fidelity VIP Freedom Fund 2010 Portfolio
- % Fidelity VIP Freedom Fund 2020 Portfolio
- % Fidelity VIP Freedom Fund 2030 Portfolio
- % Fidelity VIP Growth Portfolio
- % Fidelity VIP Investment Grade Bond Portfolio
- % Fidelity VIP Mid Cap Portfolio
- % Fidelity VIP Overseas Portfolio\*

# Franklin Templeton Variable Insurance Products Trust

- % Franklin Templeton VIPT Founding Funds Allocation Fund
- % Franklin Templeton VIPT Global Bond Securities Fund\*
- % Franklin Templeton VIPT Income Securities
- % Franklin VIPT Small Cap Value Securities Fund

#### **Huntington Variable Annuity Funds**

- % Huntington VA International Equity Fund
- % Huntington VA Situs Fund

#### Invesco Variable Insurance Funds

% Invesco V.I. Capital Development Fund

#### Ivy Funds Variable Insurance Portfolios, Inc.

% Ivy Funds VIP Asset Strategy

#### **Janus Aspen Series**

- % Janus Aspen Series Forty Portfolio
- % Janus Aspen Series Global Technology Portfolio\*
- % Janus Aspen Series Overseas Portfolio\*

#### MFS® Variable Insurance Trust

% MFS VIT Value Series

#### MFS® Variable Insurance Trust II

% MFS VIT International Value Portfolio

#### Nationwide Variable Insurance Trust (NVIT)

- % American Century NVIT Growth Fund
- % American Century NVIT Multi Cap Value Fund
- % American Funds NVIT Asset Allocation Fund
- % American Funds NVIT Bond Fund
- % American Funds NVIT Global Growth Fund
- % American Funds NVIT Growth Fund
- % American Funds NVII Growth Fund
- % American Funds NVIT Growth-Income Fund % Federated NVIT High Income Bond Fund\*
- % Neuberger Berman NVIT Multi Cap
- Opportunities Fund
  % Neuberger Berman NVIT Socially
- Responsible Fund
- % NVIT Cardinal<sup>SM</sup> Aggressive Fund
- % NVIT Cardinal<sup>™</sup> Balanced Fund
- % NVIT Cardinal<sup>SM</sup> Capital Appreciation Fund
- % NVIT Cardinal<sup>SM</sup> Conservative Fund
- % NVIT Cardinal™ Moderate Fund
- % NVIT Cardinal<sup>SM</sup> Moderately Aggressive Fund
- % NVIT Cardinal<sup>™</sup> Moderately Conservative Fund
- % NVIT Core Bond Fund
- % NVIT Core Plus Bond Fund
- % NVIT Emerging Markets Fund\*
- % NVIT Government Bond Fund
- % NVIT International Equity Fund\*
- % NVIT International Index Fund\*
- % NVIT Investor Dest. Aggressive Fund
- % NVIT Investor Dest. Balanced Fund
- % NVIT Investor Dest. Capital Appreciation Fund
- % NVIT Investor Dest. Conservative Fund
- % NVIT Investor Dest. Moderate Fund
- % NVIT Investor Dest. Moderately Aggressive Fund
- % NVIT Investor Dest. Moderately Conservative Fund
- % NVIT Mid Cap Index Fund
- % NVIT Money Market Fund

- % NVIT Multi-Manager International Growth Fund\*
- % NVIT Multi-Manager International Value Fund\*
- % NVIT Multi-Manager Large Cap Growth Fund
- % NVIT Multi-Manager Large Cap Value Fund
- % NVIT Multi-Manager Mid Cap Growth Fund
- % NVIT Multi-Manager Mid Cap Glowth Fund
- 0/ NVIT Multi Manager Small Can Growth Fun
- % NVIT Multi-Manager Small Cap Growth Fund
- % NVIT Multi-Manager Small Cap Value Fund
- % NVIT Multi-Manager Small Company Fund
- % NVIT Multi Sector Bond Fund
- % NVIT Nationwide Fund
- % NVIT Real Estate Fund
- % NVIT Short Term Bond Fund
- % Oppenheimer NVIT Large Cap Growth Fund
- % Templeton NVIT International Value Fund\*
- % Van Kampen NVIT Comstock Value Fund

#### Neuberger Berman Advisers Management Trust

% Neuberger Berman AMT Short Duration Bond Portfolio

#### **Oppenheimer Variable Account Funds**

- % Oppenheimer Global Securities Fund/VA\*
- % Oppenheimer Main Street® Fund/VA
- % Oppenheimer Main Street Small- & Mid-Cap Fund®/VA

#### **PIMCO Variable Insurance Trust**

- % PIMCO VIT Foreign Bond Portfolio (unhedged)
- % PIMCO VIT Low Duration Portfolio
- % PIMCO VIT Total Return Portfolio

#### T. Rowe Price Equity Series, Inc.

% T. Rowe Price Health Sciences Portfolio

#### Van Eck VIPT

% Van Eck VIPT Global Hard Assets Fund\*

#### **Wells Fargo Advantage Variable Trust**

% Wells Fargo Advantage VT Small Cap Growth Fund

Nationwide Life Insurance Company

% Fixed Account

Total fund allocations must equal 100%.

# On this page, Section 6 must be completed and the contract owner MUST sign the application. Please submit all pages of the application.



5. State Disclosures

**Notice to AK Residents Only:** The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

Notice to MN, ND, SC and SD Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

**Notice to MA Residents Only:** You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

**Notice to MN Residents Only:** This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to OK Residents Only: WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is quilty of a felony.

**Notice to LA and RI Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to WA Residents Only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

## **6. Contract Owner Signatures and Authorizations**

6a. Replacement I	nformation
-------------------	------------

- ☐ Yes ☒ No Do you have existing life insurance or annuity contracts?
- ☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

#### **6b. Disclosure and Signatures**

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to individuals. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide. I hereby acknowledge that I do not represent a corporate entity or institutional investor. I hereby acknowledge that I am purchasing this contract for myself and that I do not intend to immediately assign any benefits under this contact to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

Contract Owner Must Sign Here: X	John Q. D	oe		
Joint Contract Owner Signat	ture (if any):	Jane M. Doe X		
State In Which Application V	Was Signed:	Anystate	Date:	October 10, 2011



7. Primary Registered Representative I	nformation	
7a. Primary Registered Representative	Replacement Information	
☐ Yes ☒ No Are you aware of any existi☐ Yes ☒ No Will the applied for Contrac	ng annuities or insurance owne t replace any existing life insur	d by the applicant? ance or annuity contracts?
7b. Primary Registered Representative	Information (Please print.)	
First Name: Thomas	MI: A. Last Name: Moore	
Office Street Address: 456 Anystreet	1	
City: Anycity	State: Anystate	ZIP: 12345
Phone: ( 555 ) 555-5555	Percentage 100 %	
E-mail: tmoore@abcbrokerage.com		
Broker/Dealer Name: ABC Brokerage		
SSN #: 321 - 45 - 6789 (Not	required if broker and broker dealer na	me are printed clearly above.)
When the Registered Representative signs this ap to him/her as the Registered Representative.	plication, he/she is agreeing to all the t	erms and conditions applicable
Signature: X Thomas A Moore		October 10, 2011
Principal's Signature: X James P Smith		October 10, 2011
3. Additional Registered Representativ	ve Information	
3. Additional Registered Representativ 8a. Additional Registered Representati		
	ve Replacement Information	d by the applicant? ance or annuity contracts?
8a. Additional Registered Representati	ve Replacement Information ng annuities or insurance owne t replace any existing life insur	d by the applicant? ance or annuity contracts?
8a. Additional Registered Representati	ve Replacement Information ng annuities or insurance owne t replace any existing life insur	d by the applicant? ance or annuity contracts?
8a. Additional Registered Representati	ve Replacement Information ng annuities or insurance owner treplace any existing life insuration (Please print.)	d by the applicant? ance or annuity contracts?
8a. Additional Registered Representation  Yes No Are you aware of any existication Yes No Will the applied for Contraction  8b. Additional Registered Representation  First Name:	ve Replacement Information ng annuities or insurance owne it replace any existing life insur ive Information (Please print.)  MI: Last Name:	d by the applicant? ance or annuity contracts?
8a. Additional Registered Representation    Yes No Are you aware of any existion   Yes No Will the applied for Contract    8b. Additional Registered Representation    First Name:  Office Street Address:	ve Replacement Information ng annuities or insurance owne it replace any existing life insur ive Information (Please print.)  MI: Last Name:	ance or annuity contracts?
8a. Additional Registered Representation    Yes No Are you aware of any existion   Yes No Will the applied for Contract    8b. Additional Registered Representation   First Name:  Office Street Address:  City:	ve Replacement Information ng annuities or insurance owne it replace any existing life insur ive Information (Please print.)  MI: Last Name:	ance or annuity contracts?
8a. Additional Registered Representation    Yes No Are you aware of any existion   Yes No Will the applied for Contract    8b. Additional Registered Representation   First Name:  Office Street Address:  City:  Phone: ( )	ve Replacement Information ng annuities or insurance owne it replace any existing life insur ive Information (Please print.)  MI: Last Name:	ance or annuity contracts?
8a. Additional Registered Representation     Yes	ve Replacement Information ng annuities or insurance owne it replace any existing life insur ive Information (Please print.)  MI: Last Name:	zip:
8a. Additional Registered Representation     Yes	ve Replacement Information ng annuities or insurance owne it replace any existing life insur ive Information (Please print.)  MI: Last Name:  State: 96  Percentage 96  required if broker and broker dealer na	zip:
8a. Additional Registered Representation  Yes No Are you aware of any existion Yes No Will the applied for Contract  8b. Additional Registered Representation  First Name:  Office Street Address:  City:  Phone:  ()  E-mail:  Broker/Dealer Name:  SSN #:  - (Not When the Registered Representative signs this applied for Contraction Yes	ve Replacement Information ng annuities or insurance owner it replace any existing life insur ive Information (Please print.)  MI: Last Name:  State: %  Percentage %  required if broker and broker dealer na plication, he/she is agreeing to all the to	zip:

# **Nationwide Life Insurance Company**

P.O. Box[182021] Columbus, OH[43218-2021] [1-800-321-6064]

# [Nationwide Destination<sup>SM</sup> B]

Nationwide Destination is a service mark of Nationwide Mutual Insurance Company

Application for

# Individual Flexible Purchase Payment Variable Deferred Annuity

Minimum Initial Purchase Payment of \$10,000

Page 1 of 8

[DC, IA, IL, NH, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

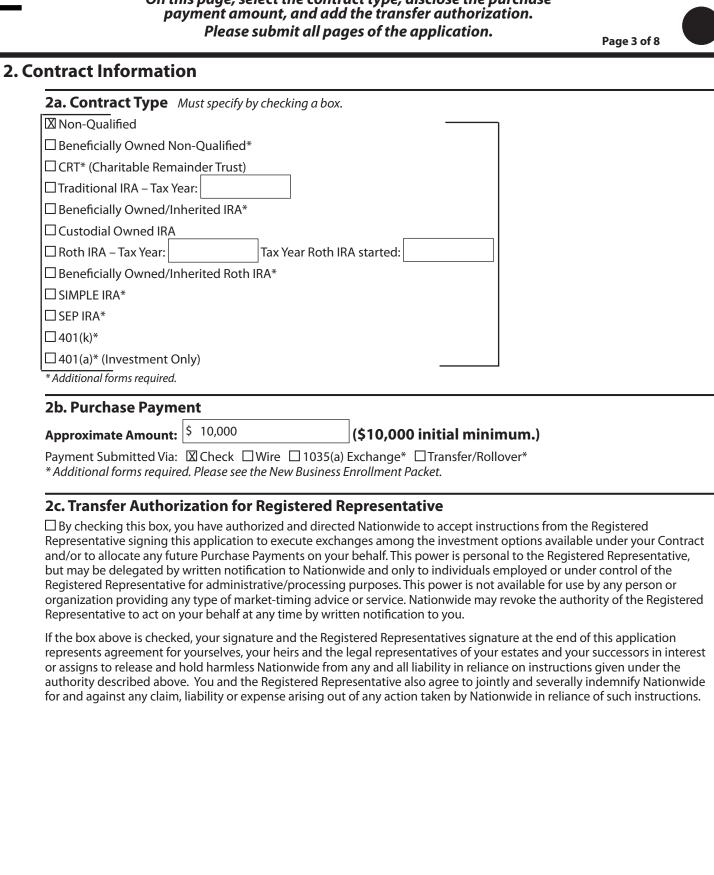
arties to the Contract Plea	ase print.
1a. Contract Owner	
First Name: John	MI: Q Last Name: Doe
Employer/Trust Name (if applicable):	
	tional forms required. See the New Business enrollment packet.)
Date of Birth: 01/01/1956	Sex:         ☑ M ☐ F         Soc. Sec. No. or Tax ID:         1   2   3   4   5   6   7   8   9
Street: 123 Anystreet	
City: Anycity	State: Anystate ZIP: 12345
E-mail Address: jdoe@abccompany.com	Daytime Phone Number: ( 222 ) 222-2222
<b>1b. Joint/Contingent Owner</b> Check <b>one</b> box only: ☐ Joint Owner ( <i>Lim</i> ☐ Contingent Own	nited to spouses, except in HI.) ner (Available only with Non-Qualified Contracts.)
First Name: Jane	MI: M Last Name: Doe
Date of Birth: 12/01/1961	Sex: ☐ M ☑ F Soc. Sec. No. or Tax ID: 987 - 65 - 4321
Address: 🛛 Same address as owner	Street:
City:	State: ZIP:
<b>1c. Annuitant</b> Complete only if differen	t from Contract Owner. (Annuitant must be age 85 or younger.)
First Name:	MI: Last Name:
Relationship to Contract Owner:	
Date of Birth:	Sex: □M □F Soc. Sec. No. or Tax ID:
Address: Same address as owner	Street:
City:	State: ZIP:
E-mail Address:	Daytime Phone Number: ( )
<b>(Charitable Remainder Trust).</b> Must be ago	tant No added charge, part of the death benefit. Not available with CRTs e 85 or younger. With Spousal Protection, both spouses will automatically be when named in section 1a. is a natural owner, this feature requires that the person.  MI: Last Name:  Sex: M F Soc. Sec. No. or Tax ID:  Street:
City:	State: ZIP:

# On this page, elect contingent annuitant or elect the beneficiaries. Please submit all pages of the application.

Page 2 of 8

1e. Contingent Annuitant (Must be age 85 or your	unger.)
First Name: M	MI: Last Name:
Date of Birth: Sex: M	□ F Soc. Sec. No. or Tax ID:
Address: Same address as owner Street:	
City:	State: ZIP:
<b>1f. Beneficiaries</b> Allocation to all Primary Beneficiaries Providing your beneficiaries social seensure that Nationwide can properly	ies must equal 100%. Contingent Beneficiaries must also equal 100% security numbers (SSN) will help expedite beneficiary claims and will ly identify your beneficiaries.
Instead only provide your contingent beneficiaries. By designating your spouse as a primary beneficiar	ection 1d), both spouses will automatically be primary beneficiaries. ry AND not completing Spousal Protection/Co-Annuitant e Spousal Protection feature. If you do not want the Spousal
I do not wish to add the Spousal Protection f	feature to my contract.
Primary Beneficiaries	Primary Beneficiaries equally
Legal First Name: John	MI: Q Last Name: Doe
Relationship to Annuitant: Self	Allocation (whole % only): 100 %
SSN #: 123 - 45 - 6789	Sex: ☑ M ☐ F Date of Birth: 01/01/1956
Address: 🛛 Same address as owner Street:	
City:	State: ZIP:
Legal First Name: Jane	MI: M Last Name: Doe
Relationship to Annuitant: Wife	Allocation (whole % only): 100 %
SSN #: 987 <sup>-</sup> 65 <sup>-</sup> 4321	Sex: ☐ M ☑ F Date of Birth: 12/01/1961
Address: 🖫 Same address as owner Street:	
City:	State: ZIP:
Contingent Beneficiaries	Contingent Beneficiaries equally
Legal First Name:	MI: Last Name:
Relationship to Annuitant:	Allocation (whole % only): %
SSN #:	Sex: □M □F Date of Birth:
Address: ☐ Same address as owner Street:	
City:	State: ZIP:
Legal First Name:	MI: Last Name:
Relationship to Annuitant:	Allocation (whole % only): %
SSN #:	Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:	
City:	State: ZIP:
	ne Additional Beneficiaries form (in New Business Enrollment Packet).

# On this page, select the contract type, disclose the purchase payment amount, and add the transfer authorization.



# Complete this page if you want the L.inc Option. Please submit all pages of the application.

Page 4 of 8

3a. I ele	ct: 🛚 The Nationwide Lifetime Income	e Rid	ler® (L.inc)
Contract C	Owner, or Annuitant in the case of non-natural Co	ntract	t Owner, must be between the age of 45 and 85.
		ragin	ng (DCA) with L.inc
	☐ 6-Month Enhanced DCA		☐ 12-Month Enhanced DCA
			A will <b>not</b> be established.
	e or more funds from Box A, or one model fr		
A Whol	e percentages only. Must add up to 100 <u>%.</u>	┤▐	Elect <b>one</b> option only. <b>100%</b> of the variable money i contract will be allocated to option elected.
	American Funds NVIT Asset Allocation Fund		American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds
	Fidelity VIP Freedom Fund 2010 Portfolio	or	NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)
	Fidelity VIP Freedom Fund 2020 Portfolio		☐ Nationwide Custom Portfolio
	% NVIT Cardinal <sup>SM</sup> Conservative Fund		Nationwide Custom Portfolio requires submis of a Custom Portfolio Administrative form wh
	MVIT Cardinal <sup>SM</sup> Moderately Conservative Fund		located in the New Business Enrollment Packet
	% NVIT Cardinal <sup>SM</sup> Balanced Fund	-	
	MVIT Cardinal <sup>SM</sup> Moderate Fund		
	NVIT Cardinal <sup>SM</sup> Capital Appreciation Fund		
	% NVIT Investor Dest. Conservative Fund		
	NVIT Investor Dest. Moderately Conservative Fund		Please check the box which best describes your anticipated use of this benefit.
	% NVIT Investor Dest. Balanced Fund		☐ Immediately ☐ In years ☒ Not Sure
	% NVIT Investor Dest. Moderate Fund		
	% NVIT Investor Dest. Capital Appreciation Fund	i	If you want to begin immediate income, must complete the L.inc Administrative f
= 1009	<u></u>		in the New Business Enrollment Packet.
To elect	asset rebalancing, please complete section 4a.	]	
3h. Spo	usal Continuation Option		
-	<del>-</del>	ting a	additional charges and naming your spouse as a Joint
Determini	ng Life (Spouse must be between the age of 45 an	nd 85).	This benefit will allow the income from L.inc to continu
			. Please note that lifetime income percentage will be ba Determining Life will be named as sole Primary Benefic
When the		lowne	er, this feature requires that the Contract Owner and
<b>⊠</b> Spousa	al Continuation Benefit Same as Co-A	\nnui	tant
First Name	e: Jane MI	. М	Last Name: Doe

# Complete this page if you want an Enhanced Death Benefit, the Beneficiary Protector II Option, Asset Rebalancing, or DCA.

Please submit all pages of the application.



Page 5 of 8

3c. Death Benefits	f a death benefit option is not el	ected, we will default to the Standard Death Benefit.	
I elect (choose only <b>one</b> ):	☐ One-Month Enhanced Dea☐ Combination Enhanced De	Benefit (Annuitant/Co-Annuitant, age 80 or younge. th Benefit (Annuitant/Co-Annuitant, age 75 or youn ath Benefit II - Greater of One-Year/5% Interest ge 75 or younger.) <b>Not available in WA.</b>	
3d. Beneficiary Prot	ector II Not available in ND	and WA.	
I elect: ☐ Beneficiary Pro	tector II (Annuitant/Co-Annuita	nt, age 75 or younger.)	
nvestment Options	5		
		ng amounts in any fixed account, will be rebalanced of a mounts in any fixed account, will be rebalanced of a mount of the application at the frequency selected below	
□Quarterly	☐ Semi-Annually	$\square$ Annually	
4b Dollar Cost Aver	raging (DCA) - DCA those a	llocations from: (Choose only one Option.)	
		· · · ·	
1	tion if you selected DCA with L.i	nc in section 3a.	
☐ 6-month Enhanced			
☐ 12-month Enhanced			
	onthly <b>Not available with L.ind</b>		
	nthly: Dollar Amount to DCA \$	Not available with L.inc	
(Choose only one fund.)  ☐ Fixed Account			
	leat Fund		
□ NVIT Money Mar	an Advisers Management Trus		
	tion Bond Portfolio		
□ NVIT Short Term	Bond Fund		
☐ PIMCO VIT Low [	Ouration Portfolio		
☐ NVIT Core Bond	Fund		
☐ NVIT Governmer	nt Bond Fund		
		<del></del>	



## **4c. Purchase Payment Allocation and Disclosures**

Funds designated by an \* may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

## Must be whole percentages and must add up to 100%.

### AllianceBernstein Variable Products Series Fund, Inc.

% AllianceBernstein VPS Small/Mid Cap Value Portfolio

#### American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

#### American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

#### BlackRock Variable Series Funds, Inc.

% BlackRock Global Allocation V.I. Fund

#### Dreyfus

- % Dreyfus IP Small Cap Stock Index Portfolio
- % Dreyfus Stock Index Fund, Inc.
- % Dreyfus VIF Appreciation Portfolio

#### **Fidelity Variable Insurance Products Fund**

- % Fidelity VIP Energy Portfolio\*
- % Fidelity VIP Equity-Income Portfolio
- % Fidelity VIP Freedom Fund 2010 Portfolio
- % Fidelity VIP Freedom Fund 2020 Portfolio
- % Fidelity VIP Freedom Fund 2030 Portfolio
- % Fidelity VIP Growth Portfolio
- % Fidelity VIP Investment Grade Bond Portfolio
- % Fidelity VIP Mid Cap Portfolio
- % Fidelity VIP Overseas Portfolio\*

# Franklin Templeton Variable Insurance Products Trust

- % Franklin Templeton VIPT Founding Funds Allocation Fund
- % Franklin Templeton VIPT Global Bond Securities Fund\*
- % Franklin Templeton VIPT Income Securities Fund
- % Franklin VIPT Small Cap Value Securities Fund

#### **Huntington Variable Annuity Funds**

- % Huntington VA International Equity Fund
- % Huntington VA Situs Fund

#### **Invesco Variable Insurance Funds**

% Invesco V.I. Capital Development Fund

#### Ivy Funds Variable Insurance Portfolios, Inc.

% Ivy Funds VIP Asset Strategy

#### **Janus Aspen Series**

- % Janus Aspen Series Forty Portfolio
- % Janus Aspen Series Global Technology Portfolio\*
- % Janus Aspen Series Overseas Portfolio\*

#### MFS® Variable Insurance Trust

% MFS VIT Value Series

#### MFS® Variable Insurance Trust II

% MFS VIT International Value Portfolio

#### Nationwide Variable Insurance Trust (NVIT)

- % American Century NVIT Growth Fund
- % American Century NVIT Multi Cap Value Fund
- % American Funds NVIT Asset Allocation Fund
- % American Funds NVIT Bond Fund
- % American Funds NVIT Global Growth Fund
- % American Funds NVIT Growth Fund
- % American Funds NVIT Growth-Income Fund
- % Federated NVIT High Income Bond Fund\*
- % Neuberger Berman NVIT Multi Cap Opportunities Fund
- % Neuberger Berman NVIT Socially Responsible Fund
- % NVIT Cardinal<sup>SM</sup> Aggressive Fund
- % NVIT Cardinal<sup>SM</sup> Balanced Fund
- % NVIT Cardinal<sup>SM</sup> Capital Appreciation Fund
- % NVIT Cardinal<sup>SM</sup> Conservative Fund
- % NVIT Cardinal<sup>SM</sup> Moderate Fund
- % NVIT Cardinal<sup>SM</sup> Moderately Aggressive Fund
- $\%\,$  NVIT Cardinal  $^{\rm SM}$  Moderately Conservative Fund
- % NVIT Core Bond Fund
- % NVIT Core Plus Bond Fund
- % NVIT Emerging Markets Fund\*
- % NVIT Government Bond Fund
- % NVIT International Equity Fund\*
- % NVIT International Index Fund\*
- % NVIT Investor Dest. Aggressive Fund
- % NVIT Investor Dest. Balanced Fund
- % NVIT Investor Dest. Capital Appreciation Fund
- % NVIT Investor Dest. Conservative Fund
- % NVIT Investor Dest. Moderate Fund
- % NVIT Investor Dest. Moderately Aggressive Fund
- % NVIT Investor Dest. Moderately Conservative
- % NVIT Mid Cap Index Fund
- % NVIT Money Market Fund

- % NVIT Multi-Manager International Growth Fund\*
- % NVIT Multi-Manager International Value Fund\*
- % NVIT Multi-Manager Large Cap Growth Fund
- % NVIT Multi-Manager Large Cap Value Fund
- % NVIT Multi-Manager Mid Cap Growth Fund
- % NVIT Multi-Manager Mid Cap Value Fund
- % NVIT Multi-Manager Small Cap Growth Fund
- % NVIT Multi-Manager Small Cap Growth Fund % NVIT Multi-Manager Small Cap Value Fund
- % NVIT Multi-Manager Small Company Fund
- % NVIT Multi Sector Bond Fund
- % NVIT Nationwide Fund
- % NVIT Real Estate Fund
- % NVIT Short Term Bond Fund
- % Oppenheimer NVIT Large Cap Growth Fund
- % Templeton NVIT International Value Fund\*
- % Van Kampen NVIT Comstock Value Fund

### Neuberger Berman Advisers Management Trust

% Neuberger Berman AMT Short Duration Bond Portfolio

#### **Oppenheimer Variable Account Funds**

- % Oppenheimer Global Securities Fund/VA\*
- % Oppenheimer Main Street® Fund/VA
- % Oppenheimer Main Street Small- & Mid-Cap Fund®/VA

#### PIMCO Variable Insurance Trust

- % PIMCO VIT Foreign Bond Portfolio (unhedged)
- % PIMCO VIT Low Duration Portfolio
- % PIMCO VIT Total Return Portfolio

#### T. Rowe Price Equity Series, Inc.

% T. Rowe Price Health Sciences Portfolio

#### Van Eck VIPT

% Van Eck VIPT Global Hard Assets Fund\*

#### **Wells Fargo Advantage Variable Trust**

% Wells Fargo Advantage VT Small Cap Growth Fund

#### **Nationwide Life Insurance Company**

% Fixed Account

Total fund allocations must equal 100%.



# On this page, Section 6 must be completed and the contract owner MUST sign the application. Please submit all pages of the application.

Page 7 of 8



#### 5. State Disclosures

**Notice to AK Residents Only:** The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

Notice to MN, ND, SC and SD Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

**Notice to MA Residents Only:** You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

**Notice to MN Residents Only:** This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to OK Residents Only: WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to WA Residents Only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

# **6. Contract Owner Signatures and Authorizations**

#### 6a. Replacement Information

- ☐ Yes ☒ No Do you have existing life insurance or annuity contracts?
- ☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

#### 6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to individuals. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide. I hereby acknowledge that I do not represent a corporate entity or institutional investor. I hereby acknowledge that I am purchasing this contract for myself and that I do not intend to immediately assign any benefits under this contact to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

Contract Owner Must Sign Here:	χ John Q. [	Doe		
Joint Contract Owner Sign	nature (if any):	χ Jane M. Doe		
State In Which Application	n Was Signed:	Anystate	Date:	October 10, 2011



	nformation		
7a. Primary Registered Representative	Replacement Information		
☐ Yes ☒ No Are you aware of any existing ☐ Yes ☒ No Will the applied for Contract	ng annuities or insurance ov t replace any existing life in	vned by surance	the applicant? or annuity contracts?
7b. Primary Registered Representative	Information (Please print.)		
First Name: Thomas	MI: A. Last Name: Moore	ż	
Office Street Address: 456 Anystreet			
City: Anycity	State: Anystate	ZIP:	2345
Phone: ( 555 ) 555-5555	Percentage 100 °	%	
E-mail: tmoore@abcbrokerage.com			
Broker/Dealer Name: ABC Brokerage			
SSN #: 321 - 45 - 6789 (Not re	equired if broker and broker deale	r name a	re printed clearly above.)
When the Registered Representative signs this app to him/her as the Registered Representative.	olication, he/she is agreeing to all t	he terms	and conditions applicable
Signature: X Thomas A Moore		Date:	October 10, 2011
Principal's Signature: X James P Smith		Date:	October 10, 2011
8. Additional Registered Representativ	e Information		
8a. Additional Registered Representation	ve Replacement Information	n	
☐ Yes ☐ No Are you aware of any existing ☐ Yes ☐ No Will the applied for Contract	ng annuities or insurance ov t replace any existing life in	vned by surance	the applicant? or annuity contracts?
8b. Additional Registered Representation	ve Information (Please print.,	)	
First Name:	MI: Last Name:		
Office Street Address:			
Office Street Address:  City:	State:	ZIP:	
		ZIP:	
City:			
City:  Phone: ( )			
City:  Phone: ( )  E-mail:  Broker/Dealer Name:		%	re printed clearly above.)
City:  Phone: ( )  E-mail:  Broker/Dealer Name:	Percentage equired if broker and broker deale	r name a	
City:  Phone: ( )  E-mail:  Broker/Dealer Name:  SSN #: (Not real of the Registered Representative signs this approximation)	Percentage equired if broker and broker deale	r name a	· ' '

P.O. Box[182021] Columbus, OH[43218-2021] [1-866-221-1100]

# Nationwide Life Insurance Company [Waddell & Reed Advisors Select Preferred Annuity<sup>SM</sup>]

Application for

#### **Individual Flexible Purchase Payment Variable Deferred Annuity**

Minimum Initial Purchase Payment of \$10,000

Page 1 of 8

DC, IA, IL, NH, NV, and WA: The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

	ease print.
1a. Contract Owner	
First Name: John	MI: Q Last Name: Doe
Employer/Trust Name (if applicable):	
	ditional forms required. See the New Business enrollment packet.)
Date of Birth: 01/01/1956	Sex: MM F Soc. Sec. No. or Tax ID: 1 2 3 4 5 6 7 8
Street: 123 Anystreet	
City: Anycity	State: Anystate ZIP: 12345
E-mail Address: jdoe@abccompany.com	m Daytime Phone Number: ( 222 ) 222-2222
1b. Joint/Contingent Owner	
	imited to spouses, except in HI and VT.)
<u> </u>	vner (Available only with Non-Qualified Contracts.)
First Name: Jane	MI: M Last Name: Doe
Date of Birth: 12/01/1961	Sex: ☐ M ☑ F Soc. Sec. No. or Tax ID: 987 - 65 - 4321
Address: Same address as owner	Street:
City:	State: ZIP:
1c. Annuitant Complete only if differe	ent from Contract Owner. (Annuitant must be age 85 or younger.)
First Name:	MI: Last Name:
Relationship to Contract Owner:	
Date of Birth:	Sex: □M □F Soc. Sec. No. or Tax ID:
Address: Same address as owner	Street:
City:	State: ZIP:
E-mail Address:	Daytime Phone Number: ( )
	<b>uitant</b> Must be age 85 or younger. By completing this section, you are electing (
an additional charge) the Spousal Protectio Protection, both spouses will automatically	on Option. <b>Not available with CRTs (Charitable Remainder Trust)</b> . With Spous ly be Primary Beneficiaries. When the Contract Owner named in Section 1a. is a ne Contract Owner and Annuitant be the same person.
an additional charge) the Spousal Protectio Protection, both spouses will automatically natural owner, this feature requires that th	y be Primary Beneficiaries. When the Contract Owner named in Section 1a. is a
an additional charge) the Spousal Protectio Protection, both spouses will automatically natural owner, this feature requires that th	y be Primary Beneficiaries. When the Contract Owner named in Section 1a. is a
an additional charge) the Spousal Protectio Protection, both spouses will automatically natural owner, this feature requires that th	y be Primary Beneficiaries. When the Contract Owner named in Section 1a. is a see Contract Owner and Annuitant be the same person.
an additional charge) the Spousal Protectio Protection, both spouses will automatically natural owner, this feature requires that the Same as Joint Owner  First Name:	MI: Last Name:

# On this page, elect contingent annuitant or elect the beneficiaries. Please submit all pages of the application.

Page 2 of 8

1e. Contingent Annuitant (Must be age 85 or yo	unger.)		
First Name:	MI: Last Name:		
Date of Birth: Sex: $\square M$	☐ F Soc. Sec. No. or Ta	ıx ID: _	_
Address: Same address as owner Street:			
City:	State:	ZIP:	
<b>1f. Beneficiaries</b> Allocation to all Primary Beneficiar Providing your beneficiaries social ensure that Nationwide can proper If you elected Spousal Protection/Obeneficiaries. Instead only provide	security numbers (SSN) w rly identify your beneficia Co-Annuitant (section 1d)	vill help expedite benefici ries. , both spouses will autor	ary claims and will
Primary Beneficiaries	ll Primary Beneficiaries e	qually	
Legal First Name: John	MI: Q Last Name:	Doe	
Relationship to Annuitant: Self		Allocation (whole	% only): 100 %
SSN #: 123 - 45 - 6789	Sex: ☒M ☐F	Date of Birth: 01	/01/1956
Address: 🛛 Same address as owner Street:			
City:	State:	ZIP:	
Legal First Name: Jane	MI: M Last Name:	Doe	
Relationship to Annuitant: Wife		Allocation (whole	% only): 100 %
SSN #: 987 -65 - 4321	Sex: □M 図F		/01/1961
Address: 🖫 Same address as owner Street:			
City:	State:	ZIP:	
Contingent Beneficiaries   Pay al	II Contingent Beneficiari	es equally	
Legal First Name:	MI: Last Name:		
Relationship to Annuitant:		Allocation (whole	% only): %
SSN #:	Sex: □M □F	Date of Birth:	
Address: ☐ Same address as owner Street:			
City:	State:	ZIP:	
Legal First Name:	MI: Last Name:		
Relationship to Annuitant:		Allocation (whole	% only): %
SSN #:	Sex: □M □F	Date of Birth:	
Address: Same address as owner Street:		-	
City:	State:	ZIP:	
If more than two Beneficiaries, list additional names on tl	he Additional Beneficiarie	s form (in New Business I	Enrollment Packet).

### On this page, select the contract type and disclose the purchase payment amount. Please submit all pages of the application.



Page 3 of 8

necify by checking a boodlified*  Trust)  d IRA*  Tax Year Roth d Roth IRA*		
Trust) d IRA* Tax Year Roth	IRA started:	
Trust) d IRA* Tax Year Roth	IRA started:	
d IRA*  Tax Year Roth	IRA started:	
Tax Year Roth	IRA started:	
Tax Year Roth	IRA started:	
	IRA started:	
	IRA started:	
d Roth IRA*		
1	eck □Wire □1035	\$10,000 initial minitial recontract types).  eck    Wire    1035(a) Exchange*    Transfer/Rece the New Business Enrollment Packet.

# Complete this page only if you want the L.inc Option. Please submit all pages of the application.

Contract Ow	: ☑ The Nationwide Liner, or Annuitant in the case			-	-		•		-
		ollar Cost A							
	☐ 6-Month En	hanced DCA			□ 1	2-Month	n Enhan	ced DC	A
	lf r	neither box is c	hecked DCA	will <b>not</b>	be esta	iblished.			
<u>Wh</u> ole per	centages only. Must add u	ıp to 100%.			_				
50 <b>%</b>	Ivy Funds VIP Pathfinder	Conservative							
%	Ivy Funds VIP Pathfinder I	Moderately Co	onservative						
50 <b>%</b>	Ivy Funds VIP Pathfinder I	Moderate							
%	Ivy Funds VIP Pathfinder I	Moderately A	ggressive						
%	NVIT Investor Dest. Conse	ervative Fund							
%	NVIT Investor Dest. Mode	rately Conser	vative Fund	k k					
%	NVIT Investor Dest. Balan	ced Fund							
%	NVIT Investor Dest. Mode	rate Fund				$\triangle$	If you w	ant to be	egin immediat
%	NVIT Investor Dest. Capita	al Appreciatio	on Fund						st complete the
= 100%	<u> </u>						New Bu	siness En	nrollment Pack
Please che	ck the box which best de	scribes							
your antic Immedi  3b. Spous  By electing the Joint Det the age of the section 1f. W	ck the box which best de ipated use of this benefit ately In years I ral Continuation Options Spousal Continuation Benefite. (Spouse must be between the death be younger spouse. The Deteip the same person. Not available.	Not Sure  On  nefit, you are a een the age of h of the Deterr rmining Life a med in section	45 and 85.) mining Life. I nd Joint Det n 1a. is a natu	This bene Please no termining ural owne	fit will te that Life m er, this	allow the lifetime i ust be no feature re	income income p imed as s equires th	from L.ir ercentag ole Prim	nc to continue ge will be bas aary Beneficia
your antic  ☐ Immedi  3b. Spous  By electing to Determining the Joint Detthe age of the section 1f. We Annuitant be	ipated use of this benefit ately Inyears I ral Continuation Options Spousal Continuation Berwie Life. (Spouse must be betwee rmining Life after the deatle younger spouse. The Detem the the Contract Owner name	Not Sure  On  nefit, you are a een the age of h of the Deterr rmining Life a med in section	45 and 85.) mining Life. I nd Joint Det 11a. is a natu <b>T (Charitabl</b>	This bene Please no termining ural owne l <b>e Remair</b>	fit will te that Life m er, this	allow the lifetime i ust be no feature re	income income p imed as s equires th	from L.ir ercentag ole Prim	nc to continue ge will be bas aary Beneficia
your antic  ☐ Immedi  3b. Spous  By electing to Determining the Joint Detthe age of the section 1f. We Annuitant be	ipated use of this benefit ately In years I was all Continuation Options of the Spousal Continuation Benefit at the Spousal Continuation Benefit (Spouse must be betwee the Spouse of the Detect of the Contract Owner name of the same person. Not available at the same person. Not available the Spouse of the Spou	Not Sure  on  nefit, you are a  sen the age of  h of the Detern  rmining Life a  med in section  lable with CRI	45 and 85.) mining Life. I nd Joint Det 11a. is a natu <b>T (Charitabl</b>	This bene Please no termining ural owne l <b>e Remair</b>	fit will te that Life m er, this n <b>der Tr</b>	allow the lifetime i ust be no feature re	income income p imed as s equires th	from L.ir ercentag ole Prim	nc to continue ge will be bas aary Beneficia
your antic  ☐ Immedi  3b. Spous  By electing ti Determining the Joint Det the age of th section 1f. W Annuitant be  ☐ Spousal (	ipated use of this benefit ately In years I all Continuation Options of the Spousal Continuation Benefit Life. (Spouse must be betwee ermining Life after the deather younger spouse. The Determinent the Contract Owner name the same person. Not available to the Indiana I and I all 12/11/12/11	Not Sure  on  nefit, you are a genthe age of the Determining Life and the life and the life and the life with CRI Same as	45 and 85.) mining Life. I nd Joint Det n 1a. is a natu T (Charitabl	This bene Please no termining ural owne le Remair ant Last Na	fit will te that Life m er, this nder Tr	allow the lifetime is ust be no feature re ust) cont	income income p imed as s equires th	from L.ir ercentag ole Prim oat the C	nc to continue ge will be bas aary Beneficia

# Complete this page if you want an Enhanced Death Benefit, the Beneficiary Protector II Option, Asset Rebalancing, an Extra Value Option, or DCA.

Please submit all pages of the application.

Page 5 of 8

3c. Death Benefits	If a death benefit option is not ele	ected, we will default to the Standard Death	Benefit.
I elect (choose only <b>one</b> ):	☐ One-Month Enhanced Death ☐ Five-Year Enhanced Death B	Benefit (Annuitant/Co-Annuitant, age 85 or y h Benefit (Annuitant/Co-Annuitant, age 85 or y Benefit (Annuitant/Co-Annuitant, age 85 or y oth Benefit - Greater of One-Year/5% (Annu Ilable in WA.	or younger.) vounger.)
3d. Beneficiary Pro	tector II Not available in Ni	D and WA.	
I elect: ☐ Beneficiary P	rotector II (Annuitant/Co-Annuit	ant, age 75 or younger.)	
<b>3e. Extra Value Non</b> I elect (choose only <b>one</b> ):		<b>re available with L.inc Options. <i>Not ava</i></b> ktra Value <b>Not available in UT</b>	ilable in MN.
estment Option:	5		
		g amounts in any fixed account, will be rebai on the application at the frequency selected	
☐ Quarterly	☐ Semi-Annually	☐ Annually	
		Not available with L.inc	



# 4c. Purchase Payment Allocation and Disclosures.

Funds designated by an \* may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

### Must be whole percentages and must add up to 100%.

Ivy Funds Variable Insurance Portfolios, Inc.
% Ivy Funds VIP Asset Strategy
%Ivy Funds VIP Balanced
%Ivy Funds VIP Bond
%Ivy Funds VIP Core Equity
% Ivy Funds VIP Dividend Opportunities
%Ivy Funds VIP Energy
% Ivy Funds VIP Global Bond
% Ivy Funds VIP Global Natural Resources
% Ivy Funds VIP Growth
% Ivy Funds VIP High Income
% Ivy Funds VIP International Core Equity
% Ivy Funds VIP International Growth
% Ivy Funds VIP Limited-Term Bond
% Ivy Funds VIP Micro Cap Growth
%Ivy Funds VIP Mid Cap Growth
% Ivy Funds VIP Money Market
% Ivy Funds VIP Real Estate Securities
% Ivy Funds VIP Science and Technology
% Ivy Funds VIP Small Cap Growth
% Ivy Funds VIP Small Cap Value
% Ivy Funds VIP Value

% Ivy Funds VIP Pathfinder Conservative
% Ivy Funds VIP Pathfinder Moderately Conservative
% Ivy Funds VIP Pathfinder Moderate
% Ivy Funds VIP Pathfinder Moderately Aggressive
%Ivy Funds VIP Pathfinder Aggressive
NVIT Investor Destinations Funds
% NVIT Investor Dest. Conservative Fund
% NVIT Investor Dest. Moderately Conservative Fund
% NVIT Investor Dest. Balanced Fund
% NVIT Investor Dest. Moderate Fund
% NVIT Investor Dest. Capital Appreciation Fund
% NVIT Investor Dest. Moderately Aggressive Fund
% NVIT Investor Dest. Aggressive Fund

Nationwide Life Insurance Company				
% Fixed Account				
MVA/Guar. Term Option (GTO) Not avail. in MN and WA				
\$1,000 minimum for ea	nch MVA/GTO Option selected.			
% 3 Year	% 7 Year			
% 5 Year	% 10 Year			

Total fund allocations must equal 100%.

# On this page, Section 6 must be completed and the contract owner MUST sign the application.

### Please submit all pages of the application.



#### 5. State Disclosures

**Notice to AK Residents Only:** The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

Notice to MN, ND, SC, and SD Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuitization and would be in addition to the scheduled surrender penalty charge. surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

**Notice to MA Residents Only:** You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurance will be available to pay our claim. of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to OK Residents Only: WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to WA Residents Only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

# 6. Contract Owner Signatures and Authorizations

#### 6a. Replacement Information

- ☐ Yes ☒ No Do you have existing life insurance or annuity contracts?
- $\square$  Yes  $\boxtimes$  No  $\,$  Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



VAA-0100AO.6

If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

#### 6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

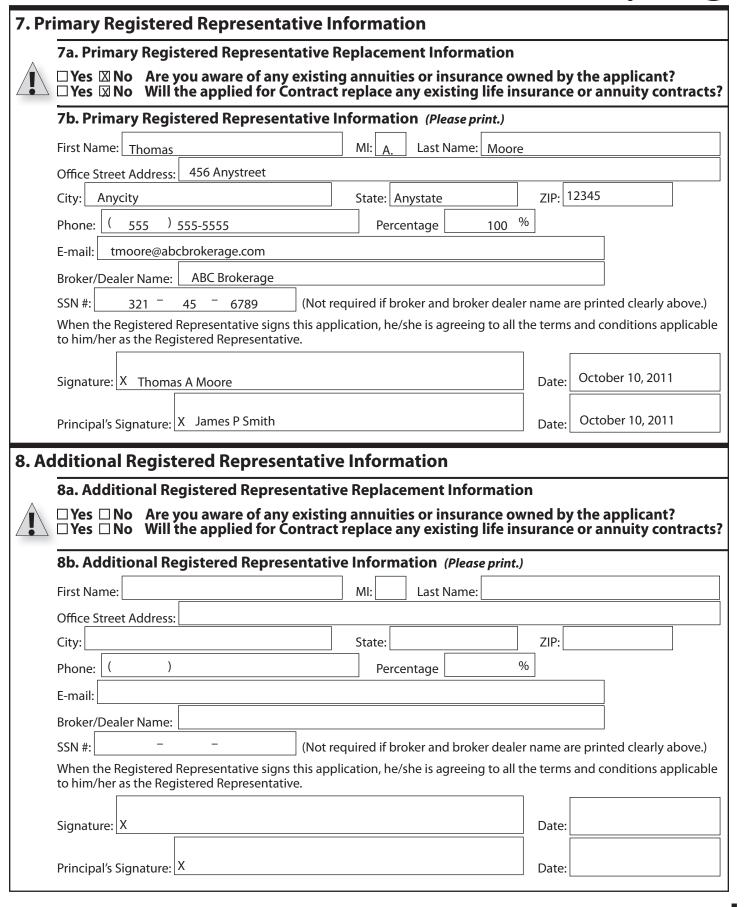
To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuitization (GTO/MVA not available in MN and WA).

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

Contract Owner Must Sign Here: X	n Q. Doe		
Joint Contract Owner Signature (if a	Jane M. Doe		
State In Which Application Was Sign	ned: Anystate	Date:	October 10, 2011







#### NATIONWIDE LIFE INSURANCE COMPANY

**Application** 

[P.O. Box 1234, Columbus, OH 43215-1234] [1-800-321-9332]

[Individual Flexible Purchase Payment Variable Deferred Annuity]

[Non-Qualified]

1234 Any Street Anyplace, Anystate 12345-6789

Address: 1234 Any Street Anyplace, Anystate 12345-6789

Please verify that the information is correct and carefully read and sign where indicated.

[DC, IA, IL, MA, NH, NJ, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

#### **CONTRACT INFORMATION**

[Nationwide Destination B] **Product Name:** 

**Initial Purchase Payment:** [Source of Initial Purchase Payment: [Wire, Check ,IRA]] [\$5,000]

**Contract Owner Information** 

[Name: John A. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

123-45-6789 SSN: Birth Date: January 1, 1965

Gender: Male]

**Joint Owner Information** Jane B. Doe Name:

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321 Birth Date:June 1, 1965 Gender: Female

Contingent Owner Information

Julie B. Doe Name:

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321 Birth Date: June 1, 1965 Gender: Female

**Beneficiaries** 

<u>Name</u> <u>SSN</u> **Birth Date** [Cam A. Doe] [123-45-6789] [January 1, 2000] [November 1, 2005] [Cayla B. Doe] [987-65-4321]

[Asia B. Doe] [654-12-3789] [May 11, 1989] Gender: Female Contingent Annuitant Information Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789 SSN: 987-65-4321

Birth Date: June 1, 1965 Gender: Female

Birth Date:June 1, 1965

**Annuitant Information** 

Birth Date: January 1, 1965

Male]

**Co-Annuitant Information** 

John A. Doe

123-45-6789

Jane B. Doe

987-65-4321

[Name:

Address:

Gender:

Name:

SSN:

SSN:

Relationship to Primary or Percentage Contingent Allocation Annuitant [Primary] [Brother] [50%] [Primary] [50%] [Sister] [Contingent] [100%] [Sister]

### **Contract Options Elected**

[Standard Death Benefit Beneficiary Protector II 3% Extra Value 5-Year CDSC]

#### **Initial Purchase Payment Allocation**

Please note: The underlying investment options listed on this application are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.

GVIT EMERGING MARKETS	25%
JP MORGAN GVIT BALANCED I	25%
FID VIP OVERSEAS PORT SC	25%
AM CEN VIP VALUE I	25%

VAA-0125AO.1 1 (Standard) (09/2011)

<b>Administrative</b>	Services	[None]
		=

Asset Rebalancing – Only the variable portion of the allocal Frequency: [ Monthly] [ Quarterly] [ Sen	
Dollar Cost Averaging (DCA) – DCA Program Elected:	<u> </u>
[	
[ ☐ Interest Averaging Monthly] [ ☐ Standard Fixed Account Monthly: Dollar Amount \$ [	11

#### **Disclosures**

Notice to AK Residents Only: The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

#### NOTICE TO MN, ND, SC AND SD RESIDENTS ONLY:

Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

NOTICE TO AR, CO, KY, ME, NM, OH AND TN RESIDENTS ONLY: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

NOTICE TO MN RESIDENTS ONLY: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

NOTICE TO MD RESIDENTS ONLY: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO DC RESIDENTS ONLY: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Notice to PR Residents Only: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If extenuating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO NJ RESIDENTS ONLY**: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Transfer Authorization for Reapplication to execute exchange Payments on my behalf. This properties and only to indivisive purposes. This power is not available. Your signature and the Reappour heirs and the legal representation and all liangle Representative also agree to join any action taken by Nationwide	and directed Nationwide to s among the investment of sower is personal to the R duals employed or under tilable for use by any personal hority of the Registered R gistered Representatives significantly and severally indemnit	ptions available under negistered Representative control of the Register on or organization proves representative to act on ignature at the end of the and your successors in ctions given under the afty Nationwide for and agreementative to act on a given under the afty Nationwide for and agreementative.	ny Contract and/or to allow, but may be delegated been Representative for a diding any type of market-your behalf at any time is application represents a interest or assigns to reuthority described above.	by written notification to administrative/processing timing advice or service. by written notification to agreement for yourselves, elease and hold harmless. You and the Registered
No: I elect not to allow my F	Registered Representative	to have transfer authoriz	ation.	<u> </u>
CONTRACT OWNER SIGNA	ATURES			
State In Which The Application	Is Signed [ Anystate	]		
Yes No Do you have exi	sting life insurance or ann	uity contracts?		
Yes No Will the applied	•	•	xisting life insurance or a	nnuity contracts?
My signature below representation of an illness which i			et has not been diagnose	d with or had any
By signing and dating this a information outlined above is contract payments or values u dollar amount. In purchasing the interests of an institutional	true and correct; (2) I nder the variable annuit this annuity, I agree and	have read and under y provisions of the Co	stand the prospectus; a ntract are variable and n	and (3) I understand that not guaranteed as to fixed
Contract Owner John A. D	oe 9/1/2011	Joint Owner	Jane B. Doe	9/1/2011
(Signature			(Signature)	(Date)
PRIMARY REGISTERED RI	EPRESENTATIVE INFO	<u>ORMATION</u>		
☐ Yes ☒ No Do you have exi	sting life insurance or ann	uity contracts?		
Yes No Will the applied	for Contract replace, disco	ontinue or change any ex	xisting life insurance or a	nnuity contracts?
Registered Representative <sup>1</sup> :	Thomas A. Moore (Signature)	9/1/2011 (Date)	Firm Name: A	BC Producer
Print Reg. Rep. Name:Thon	nas A. Moore	Phone No.	: ( 555 ) 555-0	505
Address: 444 A	Anystreet			
	ity, Anystate 12345-6789	)		

<sup>&</sup>lt;sup>1</sup>Registered Representatives are Insurance Agents.

ADDITIONAL REGISTERED REPRESENTATIVE INFORMATION						
☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?						
☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?						
Registered Representative:	Thomas A. Moore (Signature)	09/01/2011 (Date)	Firm Name: <u>ABC Brokerage</u>			
Print Reg. Rep. Name:	Thomas A. Moore	Phone No.:	( 555 ) 555-0505			
	144 Anystreet Anycity, Anystate 12345-6789					

### Remarks

VAA-0125AO.1 4 (Standard) (09/2011)

#### NATIONWIDE LIFE INSURANCE COMPANY

Application

[P.O. Box 1234, Columbus, OH 43215-1234] [1-800-321-9332]

[Individual Flexible Purchase Payment Variable Deferred Annuity]

Please verify that the information is correct and carefully read and sign where indicated.

[DC, IA, IL, MA, NH, NJ, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

#### CONTRACT INFORMATION

**Product Name:** [Nationwide Destination B]

**Initial Purchase Payment:** [\$5,000]

**Annuitant Information** 

**Contract Type:** 

[Name: John A. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

[Source of Initial Purchase Payment: [Wire, Check ,IRA]]

[Non-Qualified]

1234 Any Street Anyplace, Anystate 12345-6789

Relationship to
Annuitant
[Brother]
[Sister]
[Sister]

SSN: 123-45-6789 Birth Date:January 1, 1965

**Co-Annuitant Information** 

Jane B. Doe

987-65-4321

Gender: Male]

Name:

SSN:

Address:

Contract Owner Information
Name: John A. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 123-45-6789 Birth Date:January 1, 1965

Gender: Male]

**Joint Owner Information** 

Name: Jane B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321 Birth Date:June 1, 1965 Gender: Female

**Contingent Owner Information** 

Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321 Birth Date:June 1, 1965 Gender: Female Contingent Annuitant Information

Name: Julie B. Doe

Birth Date:June 1, 1965

Gender: Female

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321 Birth Date:June 1, 1965 Gender: Female

**Beneficiaries** 

Name	<u>SSN</u>	Birth Date	Primary or	<u>Percentage</u>
			Contingent	<u>Allocation</u>
[Cam A. Doe]	[123-45-6789]	[January 1, 2000]	[Primary]	[50%]
[Cayla B. Doe]	[987-65-4321]	[November 1, 2005]	[Primary]	[50%]
[Asia B. Doe]	[654-12-3789]	[May 11, 1989]	[Contingent]	[100%]

#### **Contract Options Elected**

[Standard Death Benefit Beneficiary Protector II 3% Extra Value

5-Year CDSC]

#### **Initial Purchase Payment Allocation**

Please note: The underlying investment options listed on this application are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.

GVIT EMERGING MARKETS	25%
JP MORGAN GVIT BALANCED I	25%
FID VIP OVERSEAS PORT SC	25%
AM CEN VIP VALUE I	25%

VAA-0136AO 1 (Standard) (09/2011)

	Asset Rebalancing – Only the variable portion of the allocations will be rebalanced.				
	Frequency: [ Monthly] [ Quarterly] [ Semi-Annually] [ Annually]				
	<u> </u>				
Ì	Dollar Cost Averaging (DCA) – DCA Program Elected:				
	[ 6-month Enhanced]				
	[ 12-month Enhanced]				
	[ Interest Averaging Monthly]				
	[ Standard Fixed Account Monthly: Dollar Amount \$ [ ] ]				

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**NOTICE TO NJ RESIDENTS ONLY:** Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Transfer Authorization for Registered Representative  Yes, I have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under my Contract and/or to allocate any future Purchase Payments on my behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you. Your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.				
No: I elect not to allow my Registered Representative to have transfer authorization.				
CONTRACT OWNER SIGNATURES				
State In Which The Application Is Signed [ Anystate ]				
☐ Yes ☒ No Do you have existing life insurance or annuity contracts?				
Yes No Will the applied for Contract replace discontinue or change any existing life insurance or annuity contracts?				
My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.  By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. (4) Allocations to the Guaranteed Term Options of the Multiple Maturity Account may be subject to a Market Value Adjustment if transferred, surrendered or annuitized prior to the maturity date. Not available in MD and WA. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.				
By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. (4) Allocations to the Guaranteed Term Options of the Multiple Maturity Account may be subject to a Market Value Adjustment if transferred, surrendered or annuitized prior to the maturity date. Not available in MD and WA. In purchasing this annuity,				
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By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. (4) Allocations to the Guaranteed Term Options of the Multiple Maturity Account may be subject to a Market Value Adjustment if transferred, surrendered or annuitized prior to the maturity date. Not available in MD and WA. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.				
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By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. (4) Allocations to the Guaranteed Term Options of the Multiple Maturity Account may be subject to a Market Value Adjustment if transferred, surrendered or annuitized prior to the maturity date. Not available in MD and WA. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.  Contract Owner John A. Doe 9/1/2011 Joint Owner Jane B. Doe 9/1/2011 (Signature) (Date)				
By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. (4) Allocations to the Guaranteed Term Options of the Multiple Maturity Account may be subject to a Market Value Adjustment if transferred, surrendered or annuitized prior to the maturity date. Not available in MD and WA. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.  Contract Owner John A. Doe 9/1/2011 Joint Owner Jane B. Doe 9/1/2011  (Signature) (Date)  PRIMARY REGISTERED REPRESENTATIVE INFORMATION  Yes No Do you have existing life insurance or annuity contracts?				
By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. (4) Allocations to the Guaranteed Term Options of the Multiple Maturity Account may be subject to a Market Value Adjustment if transferred, surrendered or annuitized prior to the maturity date. Not available in MD and WA. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.  Contract Owner John A. Doe 9/1/2011 Joint Owner Jane B. Doe 9/1/2011 (Signature) (Date)  PRIMARY REGISTERED REPRESENTATIVE INFORMATION  Yes No Do you have existing life insurance or annuity contracts?  Yes No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?  Registered Representative I: Thomas A. Moore 9/1/2011 Firm Name: ABC Producer				
By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. (4) Allocations to the Guaranteed Term Options of the Multiple Maturity Account may be subject to a Market Value Adjustment if transferred, surrendered or annuitized prior to the maturity date. Not available in MD and WA. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.  Contract Owner John A. Doe 9/1/2011 Joint Owner Jane B. Doe 9/1/2011 (Signature)  (Signature) (Date)  PRIMARY REGISTERED REPRESENTATIVE INFORMATION  Yes No Do you have existing life insurance or annuity contracts?  Yes No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?  Registered Representative <sup>1</sup> : Thomas A. Moore 9/1/2011 Firm Name: ABC Producer (Signature) (Date)				

<sup>&</sup>lt;sup>1</sup>Registered Representatives are Insurance Agents.

ADDITIONAL REGISTERED REPRESENTATIVE INFORMATION						
☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?						
☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?						
Registered Representative: _	Thomas A. Moore (Signature)	09/01/2011 (Date)	Firm Name: <u>ABC Brokerage</u>			
Print Reg. Rep. Name:	homas A. Moore	Phone No.:	( 555 ) 555-0505			
	44 Anystreet nycity, Anystate 12345-6789					

### Remarks

VAA-0136AO 4 (Standard) (09/2011)

SERFF Tracking Number: NWFA-127289152 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49211

Company Tracking Number: VAA-0101AO.9

TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number:

# **Supporting Document Schedules**

Item Status: Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: N/A This is an applications filing submission is for use with variable annuities, therefore flesch

certification is not needed.

**Comments:** 

Item Status: Status

Date:

Bypassed - Item: Application

**Bypass Reason:** The applications are attached under the Forms Schedule.

Comments:

Item Status: Status

Date:

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: N/A Since this is an applications filing submission.

**Comments:**